

Name
in
Full

CERTIFICATE OF DEATH

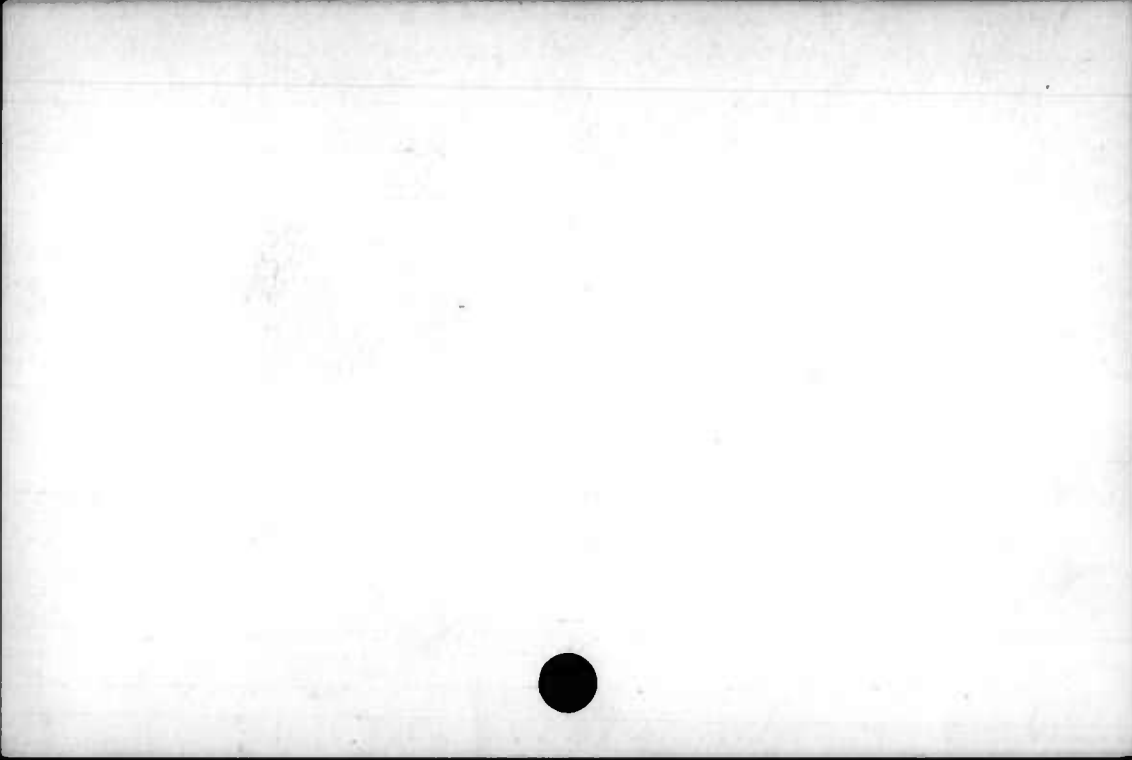
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtubutaw</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>4</i>	Age <i>6</i> Years	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>Cumtubutaw W. Va.</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>David Anderson</i>			Father's Birthplace <i>W. Va.</i>		
Mother's Maiden Name <i>Leiter Price</i>			Mother's Birthplace <i>Washington D.C.</i>		
Name of person giving information <i>David Anderson</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Star Bron</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos. H. Traynor</i>
	Address <i>Cumtubutaw W. Va.</i>
Accident or Suicide?	



Name
in
Full

James H Atkinson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

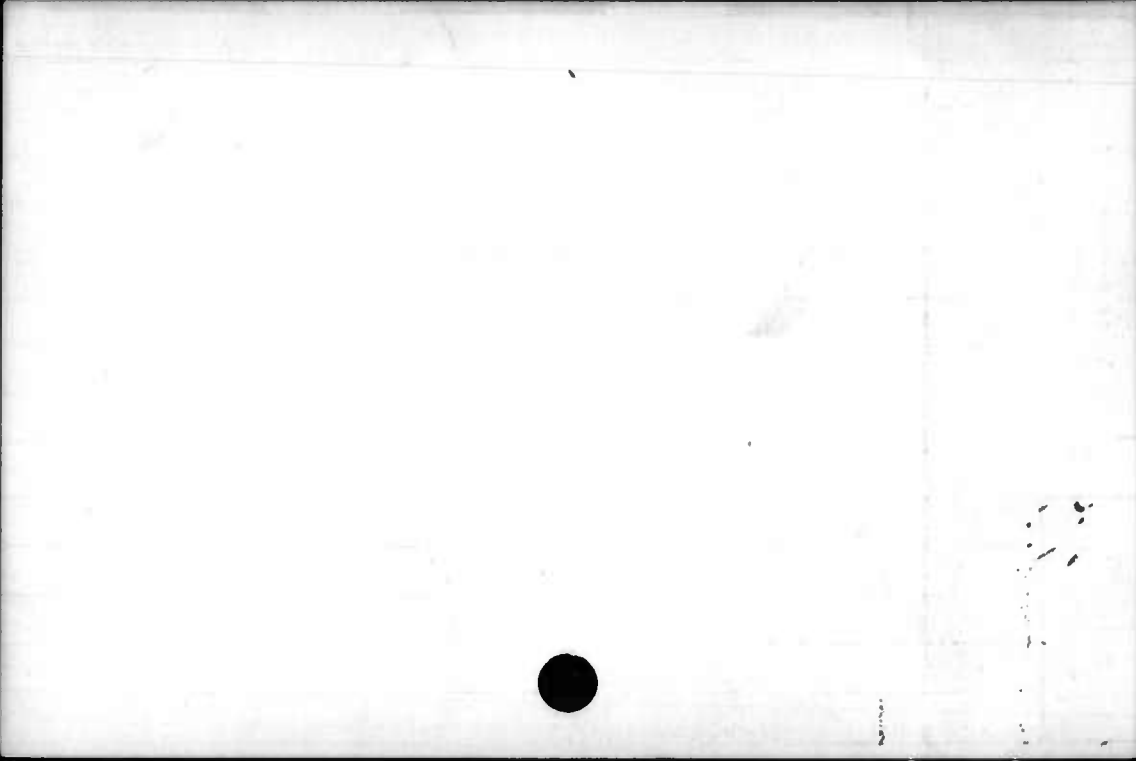
MARYLAND

Died at <i>New Cumberland</i>		Town		<i>Allegheny</i>		County	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>21</i>	Age <i>55</i>	Years	Months	Days <i>18</i>	
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Maryland</i>				
Occupation <i>Store Keeper</i>			Where Residing if not at place of death <i>Leithburg Md</i>				
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband					
Father's Name <i>Harry Atkinson</i>		64		Father's Birthplace			
Mother's Maiden Name <i>Eleanora Atkinson</i>				Mother's Birthplace			
Name of person giving Information <i>Bruce Atkinson</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Apoplexy (Probably) no Post Mortem</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. H. Sackman</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

Mrs. Margaret Baxter,

CERTIFICATE OF DEATH

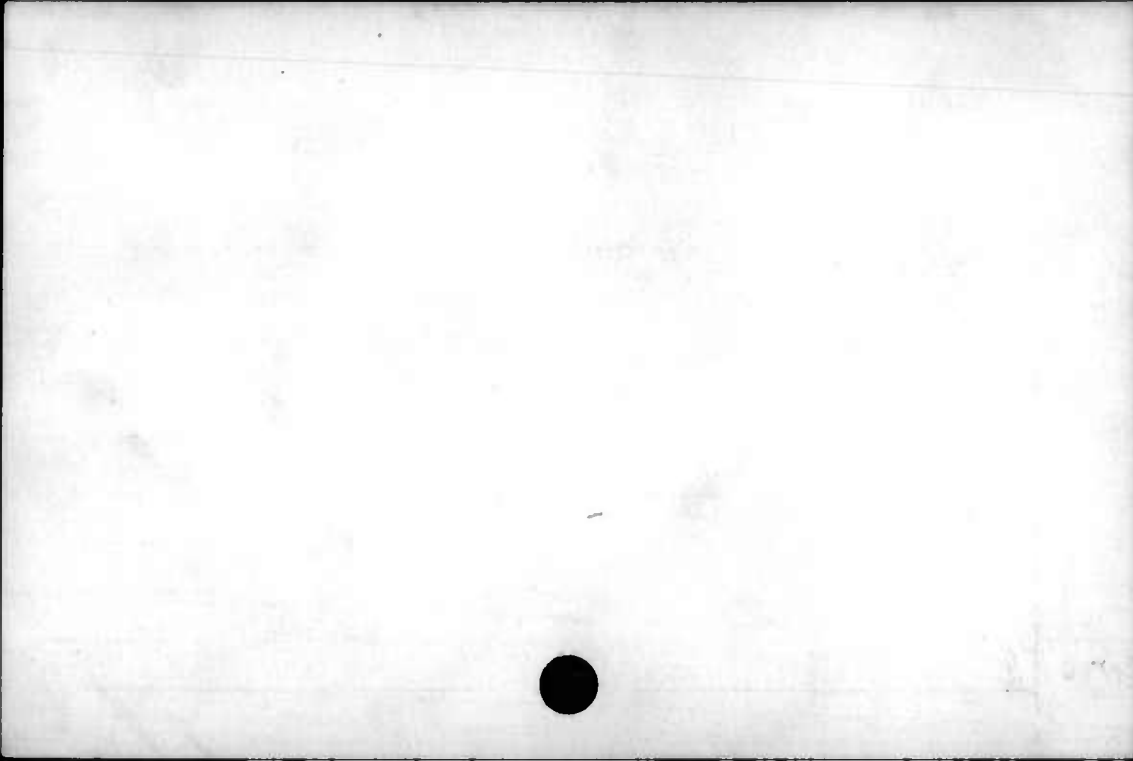
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Cumberland ^{Town}		Allertown ^{County}		MARYLAND	
Date of death 1903	Month Nov.	Day 2	Age 56	Years	Months 4	Days	
Sex Female	Color or Race White		Birth- place Scotland				
Married, Single or Widowed Widow			Occupation _____				
Name of Wife or Husband _____			33				
Father's Name _____			Father's Birthplace Scotland (?)				
Mother's Maiden Name _____			Mother's Birthplace " (?)				
Name of person giving In formation _____			How related to deceased _____				

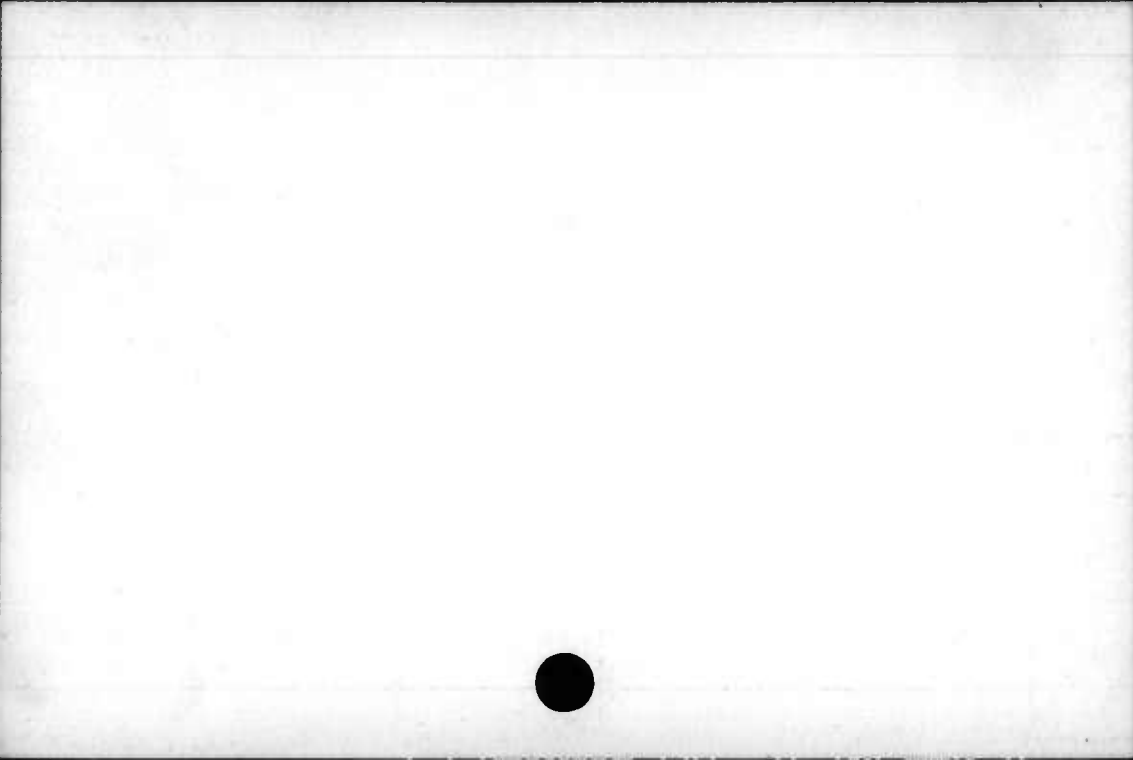
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Tuberculosis of bladder		How long	6 months
Immediate	Exhaustion		How long	_____
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician James T. Johnson, M.D.	
			Address Cumberland, Md.	
Accident or Suicide?		_____		



Name in Full		Kate Boyd				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND	
	Donaconing				Allegany			
	Date of death 190	3	Month	Nov.	Day		Age	
					Years		Months	
							Days	
Sex	Female		Color or Race	White		Birth-place	Donaconing Md	
Married, Single or Widowed	Single		Occupation		—			
Name of Wife or Husband								
Father's Name	Alex. Boyd Sr 5					Father's Birthplace	Scotland	
Mother's Maiden Name	Agnes Pollock					Mother's Birthplace	Maryland	
Name of person giving information	Alex - Boyd Sr.					How related to deceased	Father	
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Variola					How long	1 week
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		M. Gibson Porter	
					Address		Donaconing Md.	
	Accident or Suicide?		No					



Name
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CERTIFICATE OF DEATH

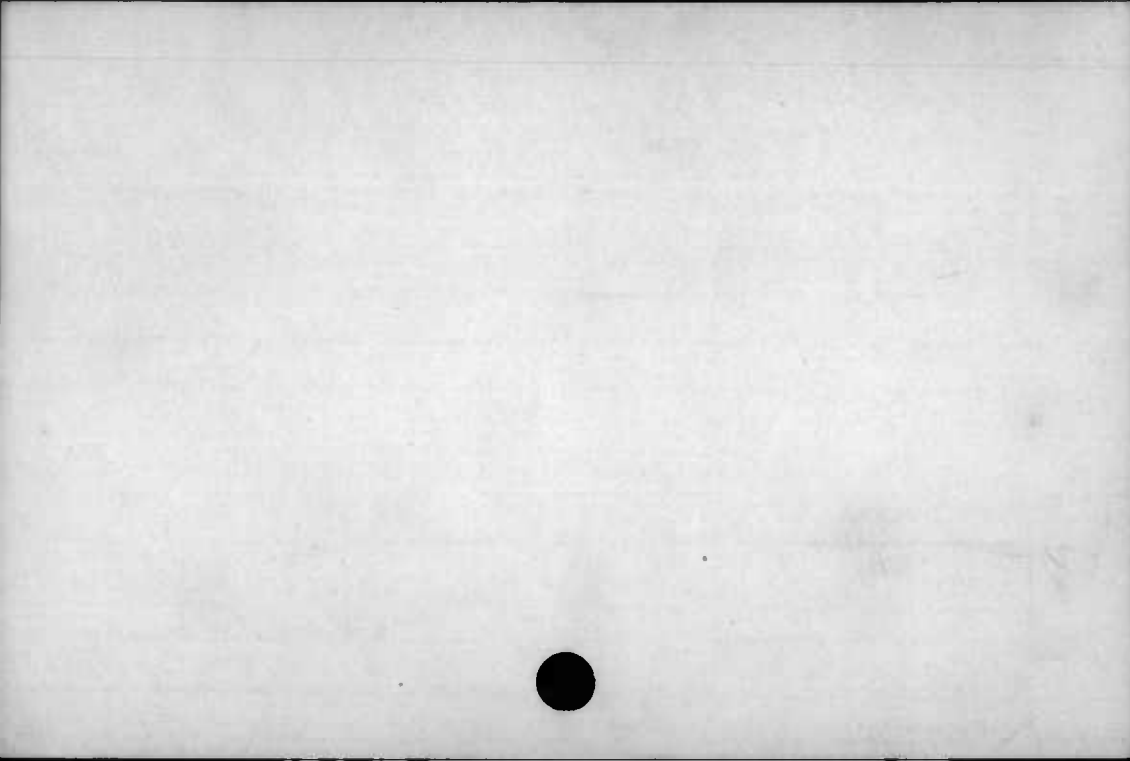
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i> ^{Town}		County <i>Allegheny</i>		MARYLAND	
Date of death <i>1903</i>	Month <i>11</i>	Day <i>8</i>	Age Years	Months	Days <i>2</i>
Sex <i>female</i>	Color or Race <i>white</i>		Birth-place <i>Cumberland</i>		
Occupation <i>—</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Widowed</i>		Name of Wife or Husband			
Father's Name <i>Geo. Brooker</i>		<i>51</i>		Father's Birthplace <i>Cumberland</i>	
Mother's Maiden Name <i>M. Humbertson</i>		Mother's Birthplace <i>Cumberland</i>			
Name of person giving information <i>Father Geo Brooker</i>		How related to deceased <i>Geo Brooker</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Premature birth</i>	How long <i>6 months</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>F. N. Lockman</i>
	Address <i>Cumberland</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant George H Brockey

Died at *Cambridge*

Town

County

MARYLAND

Date of death 1903 *Mar*

Month

Day

Age

Years

Months

Days

Sex *Male*Color or
Race*White*Birth-
place*Cambridge*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*George H Brockey*Father's
Birthplace*Cambridge*Mother's
Maiden Name*M. H. Hunsborton*Mother's
Birthplace*Cambridge*Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Premature Birth 6th month

How long

Immediate

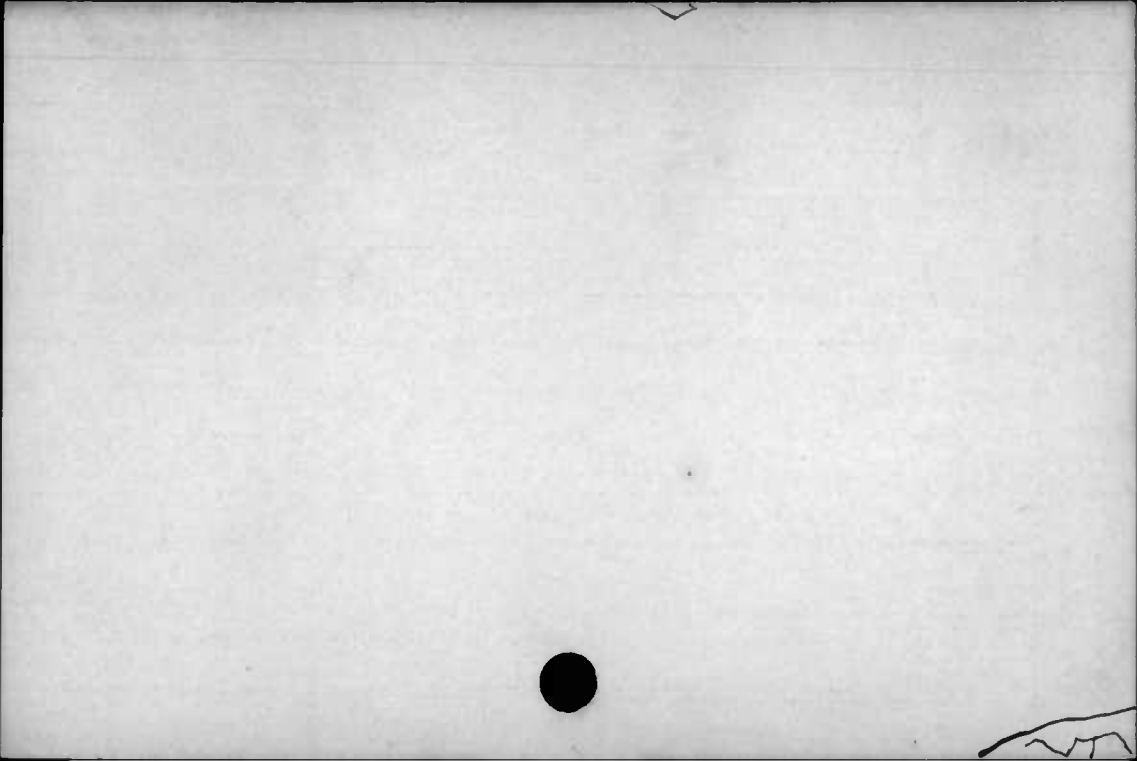
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. N. Hunsborton*

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs. Jane Burns

Town

Clements

County

Allegheny

MARYLAND

Died at

Date

of death 1903

Month

11

Day

29

Age

Years

76

Months

7

Days

8

Sex

Female

Color or
Race

White

Birth-
place

Hagerstown Pa

Married, Single
or Widowed

Widow

Occupation

None

Name of Wife or
Husband

James Burns 154

Father's
Name

David Evans

Father's
Birthplace

Clearville Pa

Mother's
Maiden Name

Elizabeth Swartzelder

Mother's
Birthplace

Clearville Pa

Name of person giving
In formation

W. S. Critchfield

How related
to deceased

Son-in-law

CAUSES OF DEATH

Primary

General debility

How long

2 months

Immediate

Paralysis

How long

5 or 6 weeks

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

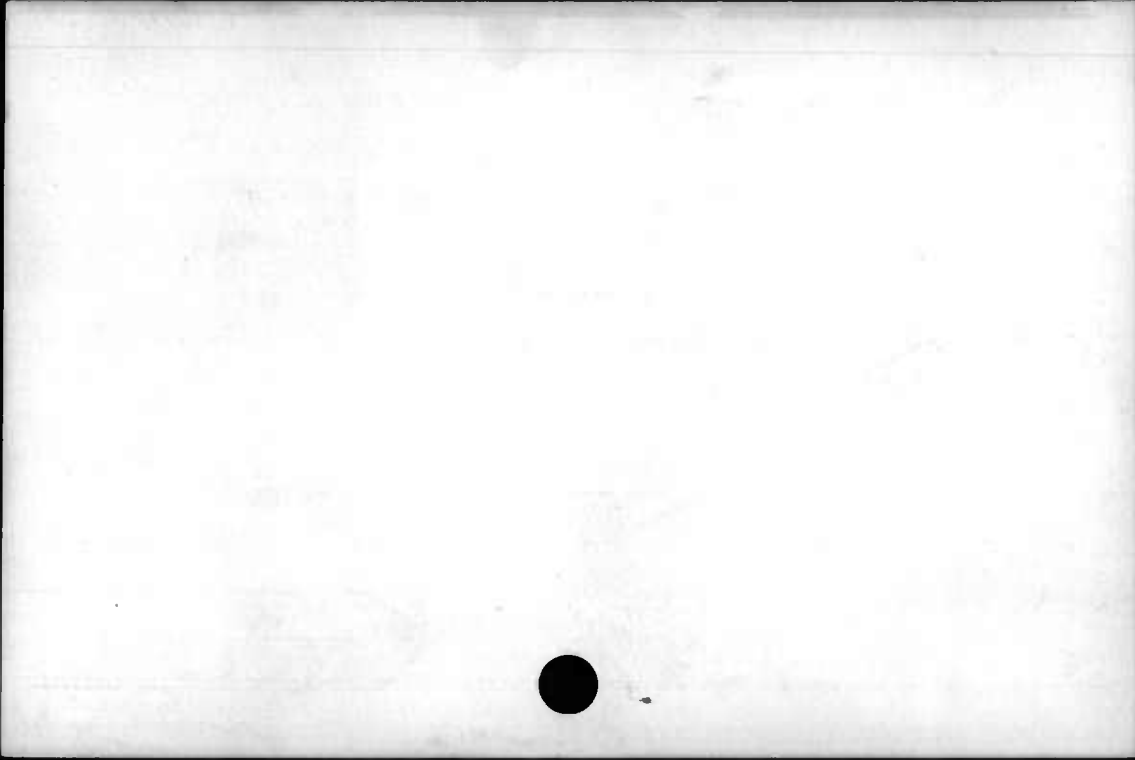
J. Carl Smith

Clements

PHYSICIAN
OR CORONER

Accident or Suicide?

—



Name
in
Full

George Buskey & Child

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumld.</i>		Town <i>Cumld.</i>		County <i>Allegheny</i>		MARYLAND	
Date of death <i>190</i>	Month <i>Nov.</i>	Day <i>24</i>	Age <i>4</i>	Years <i>4</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Cumld.</i>				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed			Name of Wife or Husband				
Father's Name <i>George Buskey</i>			Father's Birthplace <i>Austria</i>				
Mother's Maiden Name <i>Catherine Decker</i>			Mother's Birthplace				
Name of person giving information <i>George Buskey</i>			How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Dist. pneumonia (suspected)</i>	How long <i>several weeks ago</i>
Immediate <i>Paralysis</i>	How long <i>3 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>M. F. Perry</i>
	Address <i>Cumld., Md.</i>
Accident or Suicide?	

Williams Road

Name in Full		Wm. Clark				CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town		County		MARYLAND				
	near Barton				Allegheny						
	Date of death	1903	Month	Nov	Day	20	Age	53	Years	Months	Days
	Sex	Male		Color or Race	White		Birth-place	✓			
	Married, Single or Widowed	Married				Occupation	Miner				
	Name of Wife or Husband	Mannie Mathews									
	Father's Name	Abraham Clark					Father's Birthplace	✓			
Mother's Maiden Name	✓					Mother's Birthplace	✓				
Name of person giving information	Thurman Clark					How related to deceased	Son				
CAUSES OF DEATH											
PHYSICIAN OR CORONER	Primary	Killed on the R.R.					How long	Instant			
	Immediate						How long				
	Are the name, age, sex, color, date and place correctly given above?	yes					Signature of Physician	J. A. Boucher			
							Address	Barton, Md			
	Accident or Suicide?										



Name
in
Full

Sarah E. Fisher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumtola</i> ^{Town}		<i>Alleghany</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	<i>Nov</i> ^{Month}	<i>4</i> ^{Day}	<i>75</i> ^{Years}	<i>-</i> ^{Months}	<i>-</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place			
Occupation			Where Residing if not at place of death <i>Pock St</i>		
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband				
Father's Name	<i>64</i>		Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Jessie Fisher</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Apoplexy</i>	How long <i>a few days</i>
Immediate <i>[Signature]</i>	How long <i>[Signature]</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Wiley</i>
	Address <i>Cumtola Pa</i>
Accident or Suicide?	

1903

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant of John Foyer

Town *Cammd* County *anys*

Died at *Cammd*

Date of death 1903 Month *Nov* Day *16* Age *+* Years Months *One* Days *—*

Sex *female* Color or Race *White* Birth-place *Cammd*

Occupation *—* Where Residing if not at place of death *—*

Married, Single or Widowed *Single* Name of Wife or Husband *—*

Father's Name *John Foyer* Father's Birthplace *—*

Mother's Maiden Name *—* Mother's Birthplace *—*

Name of person giving information *John Foyer.* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Spasms* How long *3 days*

Immediate *Chancery* How long *—*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *Thos. H. Brown, M.D.*

Address *—*

Accident or Suicide? *—*



Name
in
Full

Wm Frey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumby Falls</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>5</i>	Age <i>33</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place			
Occupation <i>Horse Clipper</i>	Where Residing if not at place of death <i>Single to Cumby Falls</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband				
Father's Name	104 th				Father's Birthplace
Mother's Maiden Name					Mother's Birthplace
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Acute Indigestion</i>	How long <i>1/2 hour</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Wm. H. Brown, M.D.</i>
	Address <i>Cumby Falls</i>
Accident or Suicide?	<i>Yes</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Wm G. Griffith* Town *Thornbury* County *Allegheny* MARYLAND

Died at *Thornbury* Date of death *1903* *11* Month *21* Day *64* Year *7* Months *7* Days

Sex *M* Color or Race *W* Birth-place *Wales*

Occupation *Miner* Where Residing if not at place of death *W-Va*

Married, Single or Widowed *X* Name of Wife or Husband *Mary Griffith*

Father's Name *Wm Griffith* Father's Birthplace *Wales*

Mother's Maiden Name *Sarah Brown* Mother's Birthplace *Wales*

Name of person giving information *Wm G. Griffith* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Asthma* How long *Years*

Immediate *Cardiac Hypertrophy* How long *Months*

Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *W. Griffith*

Address *Thornbury*

Accident or Suicide?

Percy Grayson

Gr May

Name
in
Full

Mary Grobe.

CERTIFICATE OF DEATH

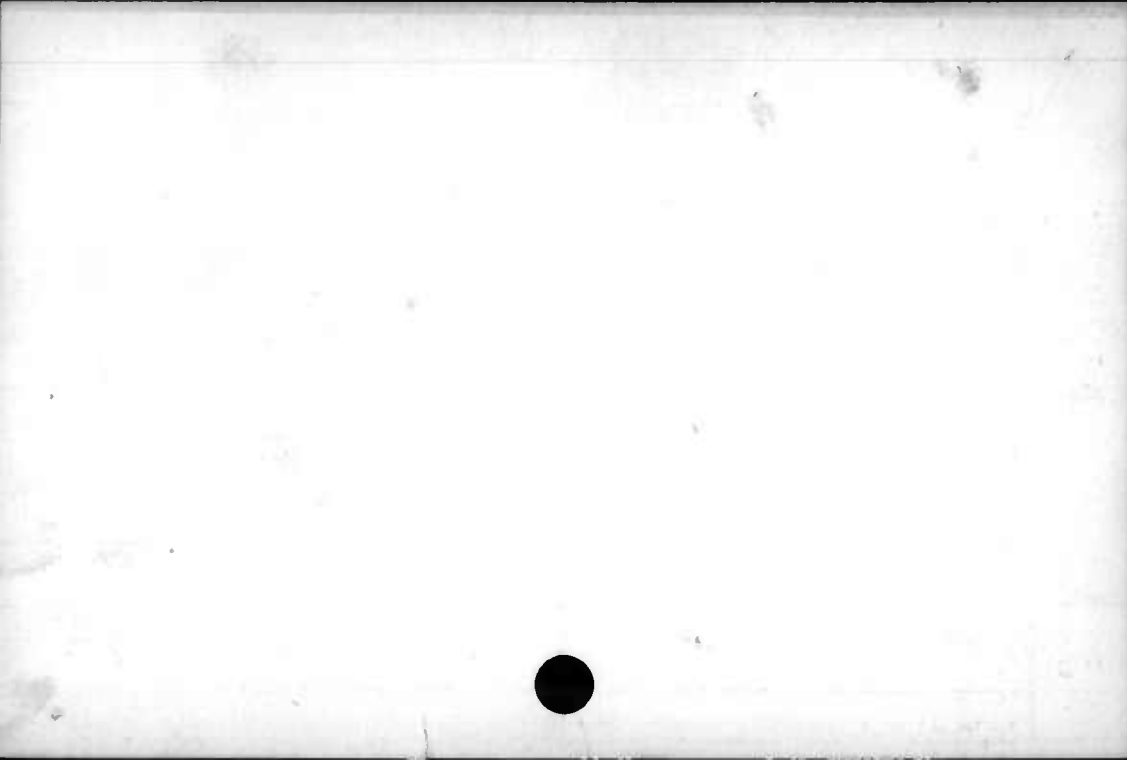
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Washington ^{County} Blallow		Allhazany		MARYLAND	
Date of death 1903	Month Nov	Day 16 th	Age —	Years —	Months — Days 1
Sex Female	Color or Race White	Birth-place Washington Blallow			
Married, Single or Widowed Single		Occupation —			
Name of Wife or Husband —		—			
Father's Name Joseph Grobe		Father's Birthplace Germany			
Mother's Maiden Name Annie Holtschneider		Mother's Birthplace Germany			
Name of person giving information Thomas Carter		How related to deceased Brother-in-law			

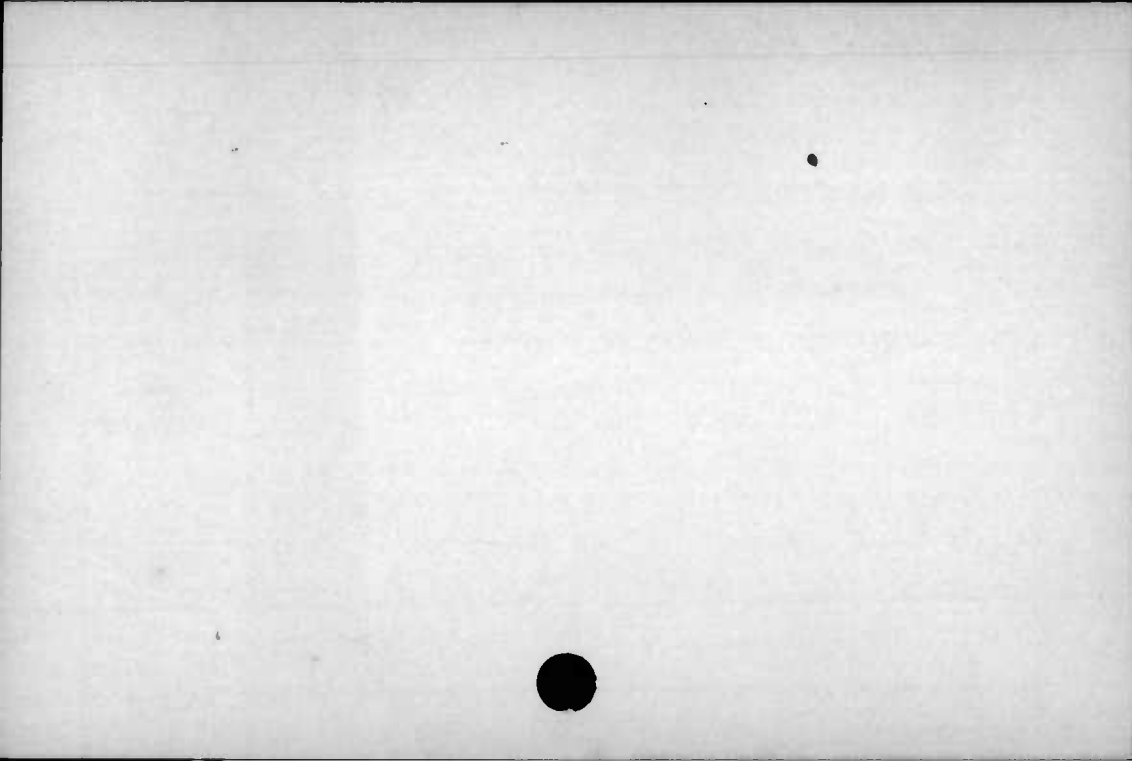
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Still Born.	How long	—
Immediate	—	How long	—
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	W. H. Johnson
		Address	W. H. Sumner
Accident or Suicide?			



Name in Full		H W Haines				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Cannock		County Stafford		MARYLAND
	Date of death	1903	Month Nov	Day 10	Age 35	Years	Months —
	Sex	Male		Color or Race	White		Birth-place H. Va
	Occupation	Fireman		Where Residing if not at place of death		—	
	Married, Single or Widowed	Single		Name of Wife or Husband		—	
	Father's Name	D W Haines		166		Father's Birthplace	
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information					How related to deceased Father	
<div style="border: 1px solid black; padding: 5px; text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary				How long		
	Immediate Killed by Train #11				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician W J Loomis		
					Address Loomis		
Accident or Suicide?							



Name
in
Full

Bertha Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town *Barnes* County *Allegheny* MARYLAND

Died at *Barnes*

Date of death 1903 Month *Nov* Day *3* Age Years *23* Months *—* Days *—*

Sex *Female* Color or Race *Colored* Birth-place *to creek*

Occupation _____ Where Residing if not at place of death _____

Married, Single or Widowed *Single* Name of Wife or Husband _____

Father's Name _____ Father's Birthplace _____

Mother's Maiden Name _____ Mother's Birthplace _____

Name of person giving information *Lizzie Jones* How related to deceased *none*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Typhoid Fever* How long *8 weeks*

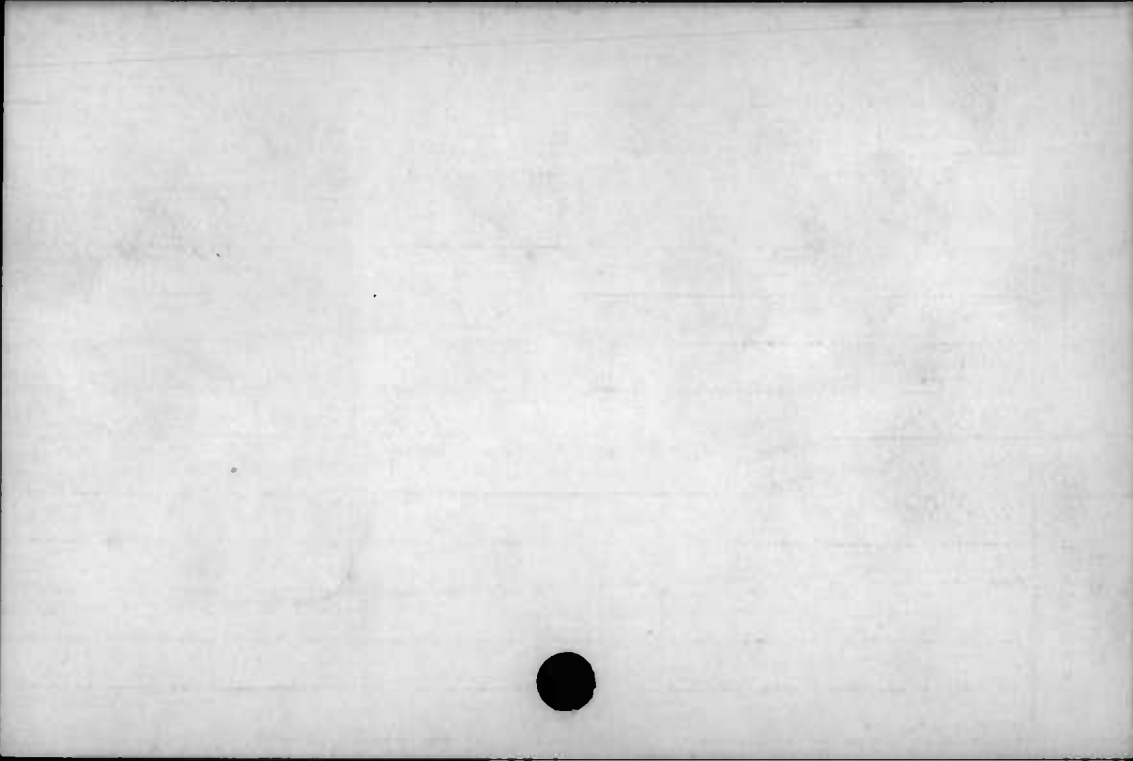
Immediate *Exhaustion* How long *10 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. J. ...*

Address *...*

Accident or Suicide? _____



Name
in
Full

Fred Hartung

CERTIFICATE OF DEATH

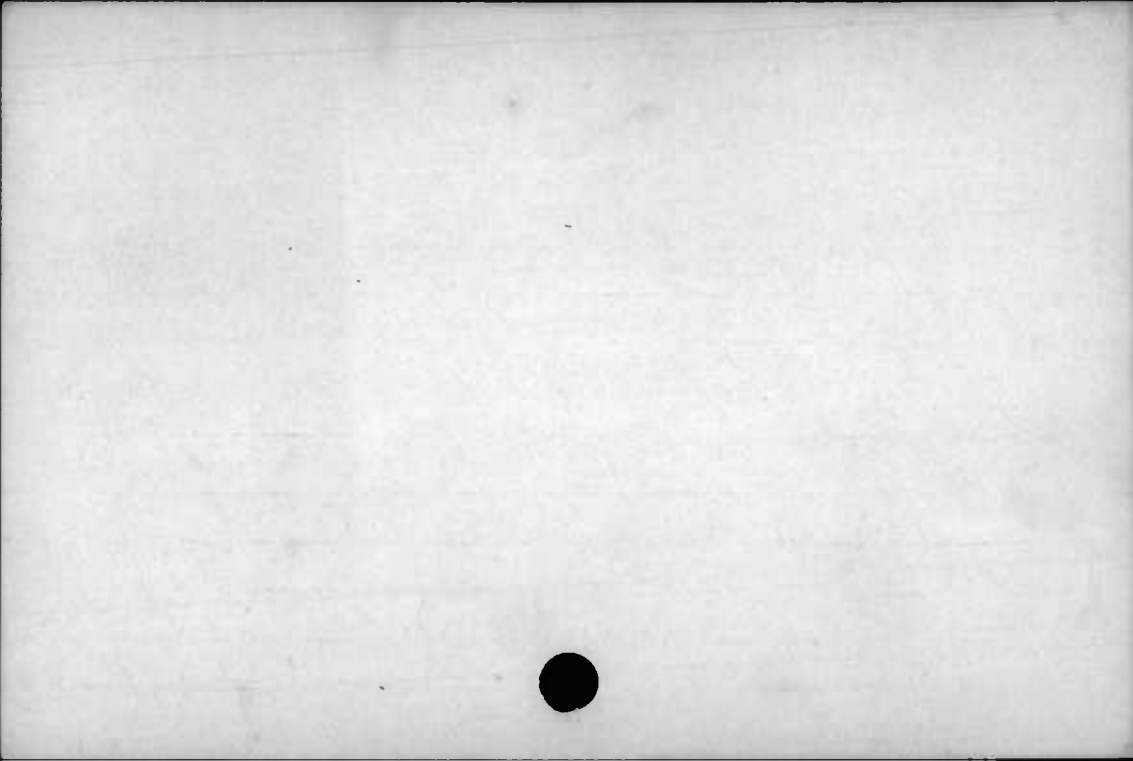
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County Alleghany		MARYLAND	
Date of death	1903	Month Nov	Day 23	Age 6	Years	Months	Days
Sex	male		Color or Race	White		Birth- place	Cumberland
Occupation	—			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name			John Hartung			Father's Birthplace	
Mother's Maiden Name			Margaret Forster			Mother's Birthplace	
Name of person giving In formation						How related to deceased	
						Mother	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	—
Immediate	Exhaustion	How long	—
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		F. B. McNamee, M.D.	
Accident or Suicide?			



Name
in
Full

Emma L Hewitt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

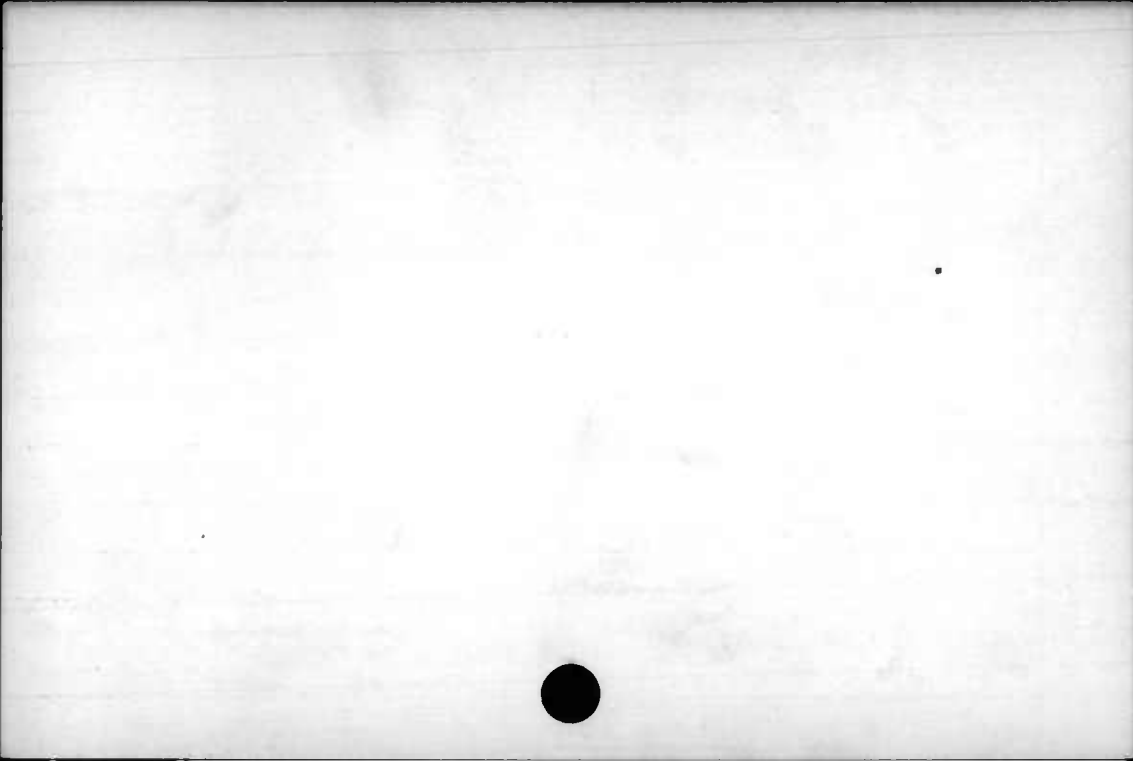
MARYLAND

Died at <i>Cumtland</i>			County <i>Allegheny</i>		
Date of death <i>1903</i>	Month <i>Nov</i>	Day <i>19</i>	Years <i>42</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Porta Alta, W. Va.</i>		
Married, Single or Widowed <i>Married</i>			Occupation <i>Housewife</i>		
Name of Wife or Husband <i>Charles Hewitt</i>					
Father's Name			Father's Birthplace		
Mother's Maiden Name			Mother's Birthplace		
Name of person giving information <i>Mother Mrs Haley</i>			How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Heart Regurgitation</i>	How long <i>8 yrs</i>
Immediate	<i>Hypertensive congestive failure</i>	How long <i>6 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Ed Blaylock</i>
		Address <i>Cumtland</i>
Accident or Suicide?		



Name
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CERTIFICATE OF DEATH

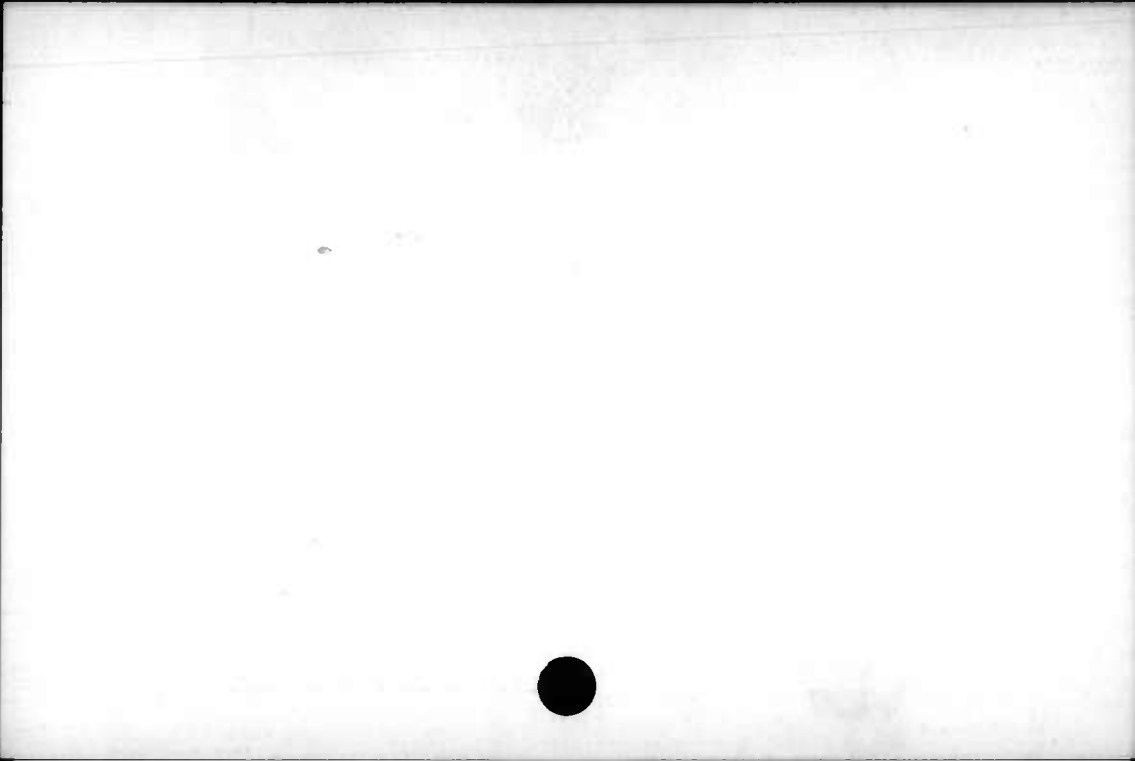
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Price</i> Town <i>Ind. Savan</i> County <i>Allegheny</i>		MAYLAND	
Date of death 190 <i>3</i> Month <i>Nov</i> Day <i>9</i>	Age <i>Years</i>	Months	Days <i>1</i>
Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Ind. Savan</i>	
Married, Single or Widowed <i>—</i>		Occupation <i>—</i>	
Name of Wife or Husband <i>—</i>			
Father's Name <i>Charles Price</i>		Father's Birthplace <i>Ind. Savan</i>	
Mother's Maiden Name <i>Edna Abel</i>		Mother's Birthplace <i>11</i>	
Name of person giving information		How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Still born</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>Edna Abel Ind</i>
		Address <i>Ind. Savan Ind</i>
Accident or Suicide?		



Name in Full		CERTIFICATE OF DEATH			
John Hunter		Town Tonaconing		County Allegheny	
Died at		Date of death 1903		Month 20	
		Day 26		Age 25	
		Months 5		Days 23	
Sex Male		Color or Race White		Birth-place Tonaconing	
Married, Single or Widowed Single		Occupation Coal Miner			
Name of Wife or Husband					
Father's Name John Hunter				Father's Birthplace Scotland	
Mother's Maiden Name Margaret Barrowman				Mother's Birthplace "	
Name of person giving information William Hunter				How related to deceased Brother	
CAUSES OF DEATH					
Primary		Small Pox (varicella nigra)		How long 15 days	
Immediate		Pneumonia		How long 24 hours	
Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician M. Gibson Forti	
				Address Tonaconing Md.	
Accident or Suicide?		No			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

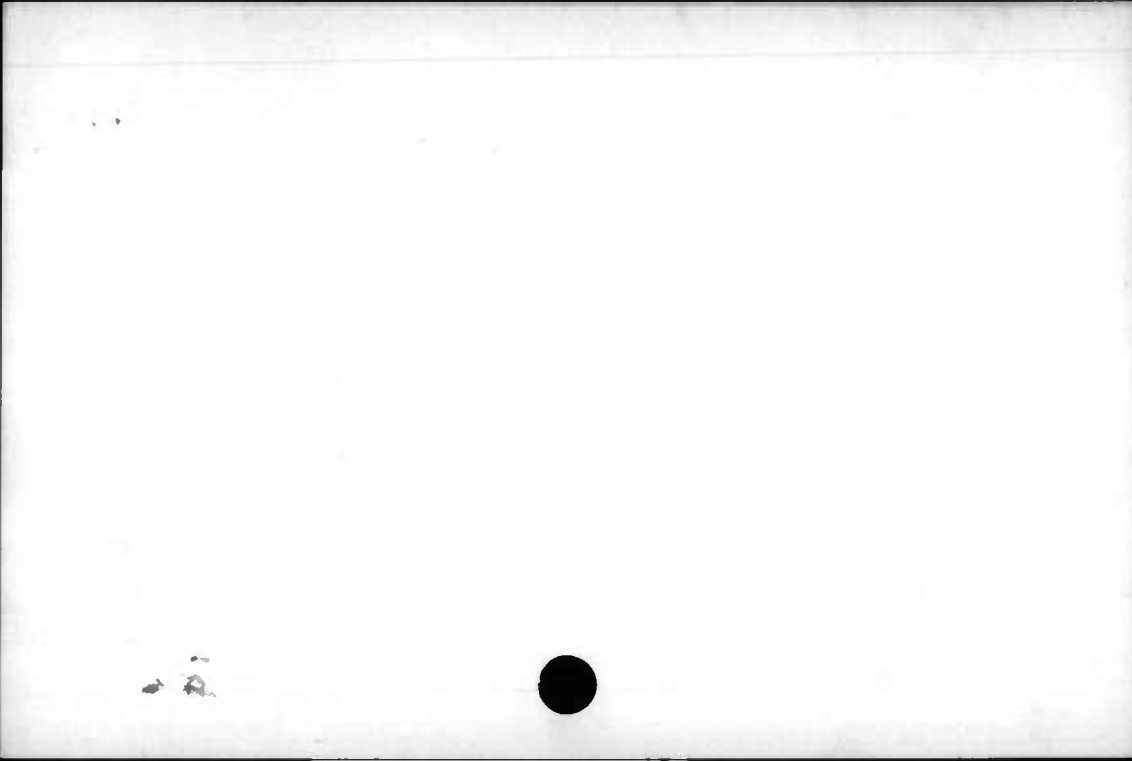
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Homer Hyde		Town Thos cow		County Allegheny		MARYLAND	
Died at		Date of death 1903		Age		Months	
		Month Nov		Day 19		Years 2	
				Months 3		Days 25	
Sex Male		Color or Race White		Birth-place Allegheny Co			
Married, Single or Widowed ✓		Occupation					
Name of Wife or Husband ✓							
Father's Name Alfred Hyde		166		Father's Birthplace England			
Mother's Maiden Name Katharine Mowbray				Mother's Birthplace Allegheny Co			
Name of person giving information Alfred Hyde				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate Killed by freight train		How long Instant	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician S. A. Boncher	
		Address Barton Md.	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

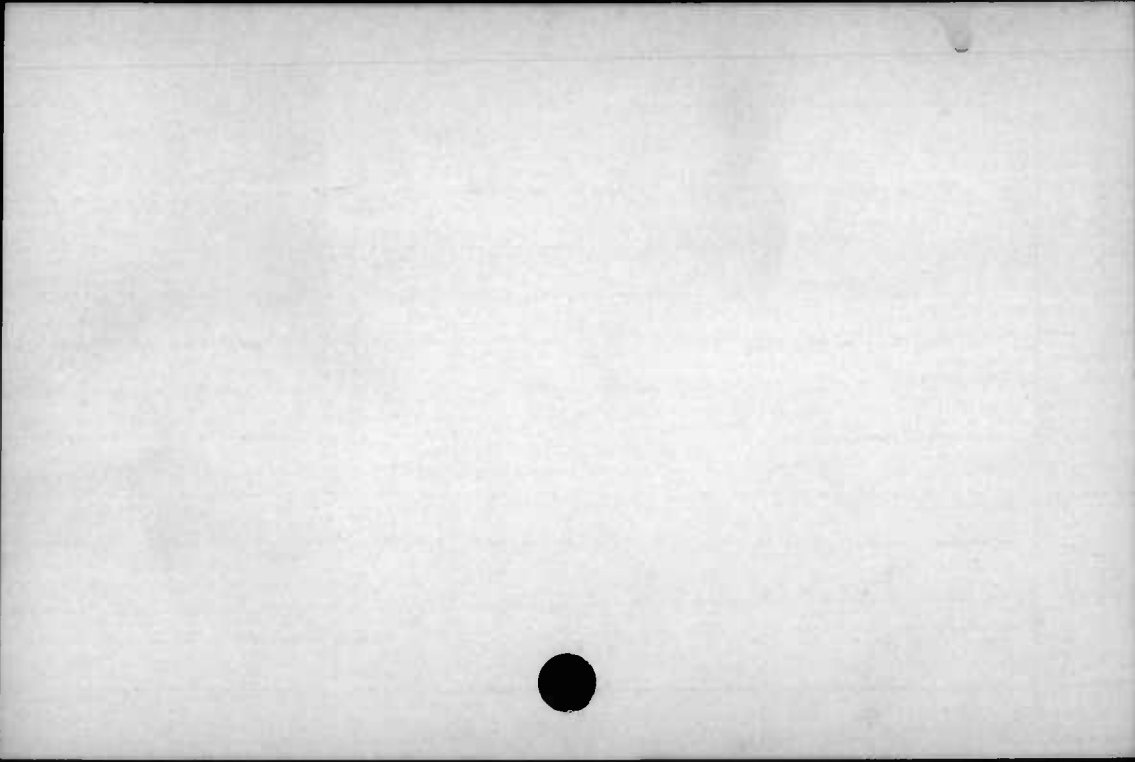
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John James</i>		Town <i>Cumtld.</i>		County <i>Allegheny</i>		MARYLAND	
Died at		Month <i>11</i>		Day <i>19</i>		Age <i>30</i>	
Date of death <i>1903</i>		Month <i>11</i>		Day <i>19</i>		Age <i>30</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place			
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name		166?				Father's Birthplace	
Mother's Maiden Name		166?				Mother's Birthplace	
Name of person giving information						How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Shot</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W J Connor</i>
	Address <i>Conne</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John A Kaiser</i>		Town <i>Emma</i>		County <i>Clay</i>		MARYLAND	
Died at <i>Emma</i>		Month <i>Nov</i>		Day <i>21</i>		Years <i>58</i>	
Date of death <i>1903</i>		Month <i>Nov</i>		Day <i>21</i>		Age <i>58</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Germany</i>		Months <i>—</i>	
Occupation <i>Machinist</i>		Where Residing if not at place of death		Days <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband		Father's Birthplace			
Father's Name <i>Geert</i>		<i>12</i>		Mother's Birthplace			
Mother's Maiden Name <i>Draa</i>				How related to deceased <i>Bro.</i>			
Name of person giving information <i>Geert Kaiser</i>							

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Locomotor Atax</i>		How long	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>M. F. Perry</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Lawrence Kelly,
 Died at *Baltimore* ^{Town} *Allegany* ^{County}
 Date of death *1903* ^{Month} *11* ^{Day} *5* ^{Years} *34* ^{Months} *—* ^{Days} *—*
 Sex *M* Color or Race *White* Birth-place *Ireland*
 Occupation *Coverman* Where Residing if not at place of death *Detroit Mich*
 Married, Single or Widowed *Married* Name of Wife or Husband *166.*
 Father's Name *—* Father's Birthplace *—*
 Mother's Maiden Name *—* Mother's Birthplace *—*
 Name of person giving Information *Mrs. Jones* How related to deceased *—*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Auto Road Accident* How long *—*
 Immediate *Shock* How long *—*
 Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *H. F. Turgg*
 Address *Baltimore Md*
 Accident *—*



Name
in
Full

CERTIFICATE OF DEATH

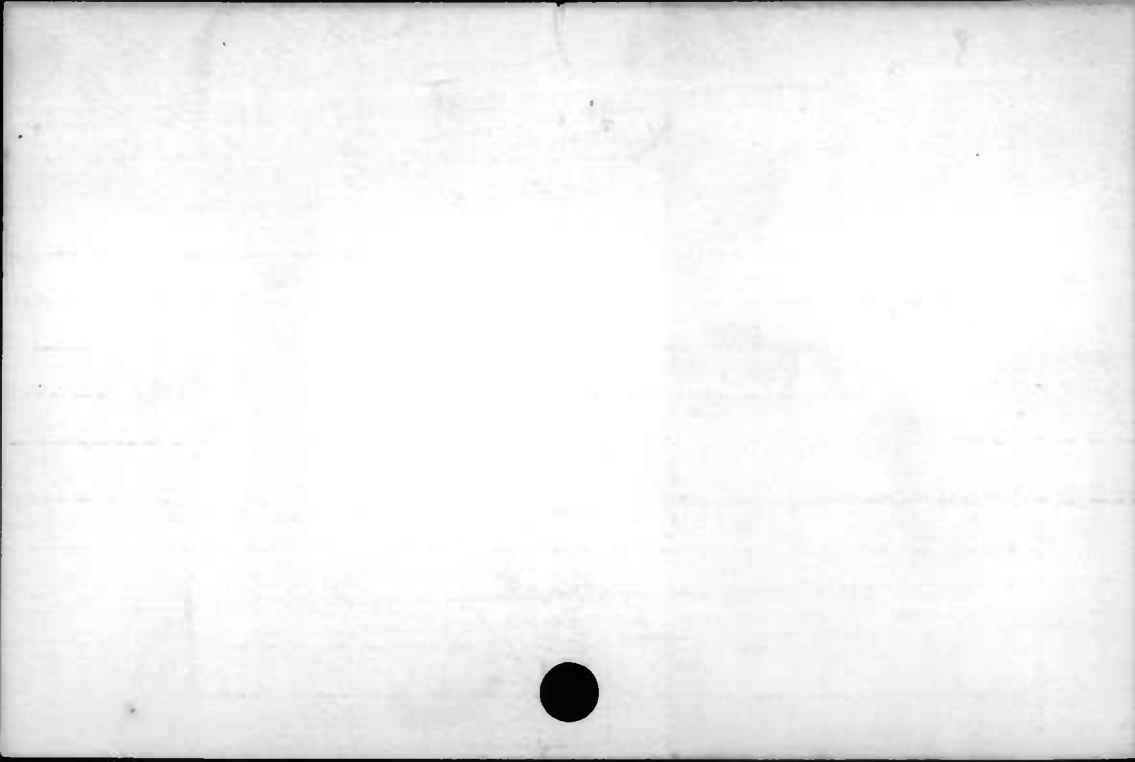
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Cumberland</i>		Town		<i>Allegheny</i>		County		MARYLAND	
Date of death 190 <i>3</i>	Month <i>Nov</i>	Day <i>14</i>	Age <i>still born</i>	Years	Months	Days			
Sex <i>Male</i>	Color or Race <i>Slavic</i>		Birth-place <i>Cumberland</i>						
Married, Single or Widowed			Occupation						
Name of Wife or Husband <i>S</i>									
Father's Name <i>Jim Left</i>					Father's Birthplace <i>Italy</i>				
Mother's Maiden Name <i>Kana MacCanna</i>					Mother's Birthplace <i>Italy</i>				
Name of person giving information <i>Jim Left</i>					How related to deceased <i>Sister</i>				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Still Born</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>H. J. Thaler M.D.</i>
	Address <i>Cumberland Md</i>
Accident or Suicide?	



Name
in
Full

Mrs. Margaret McCune

CERTIFICATE OF DEATH

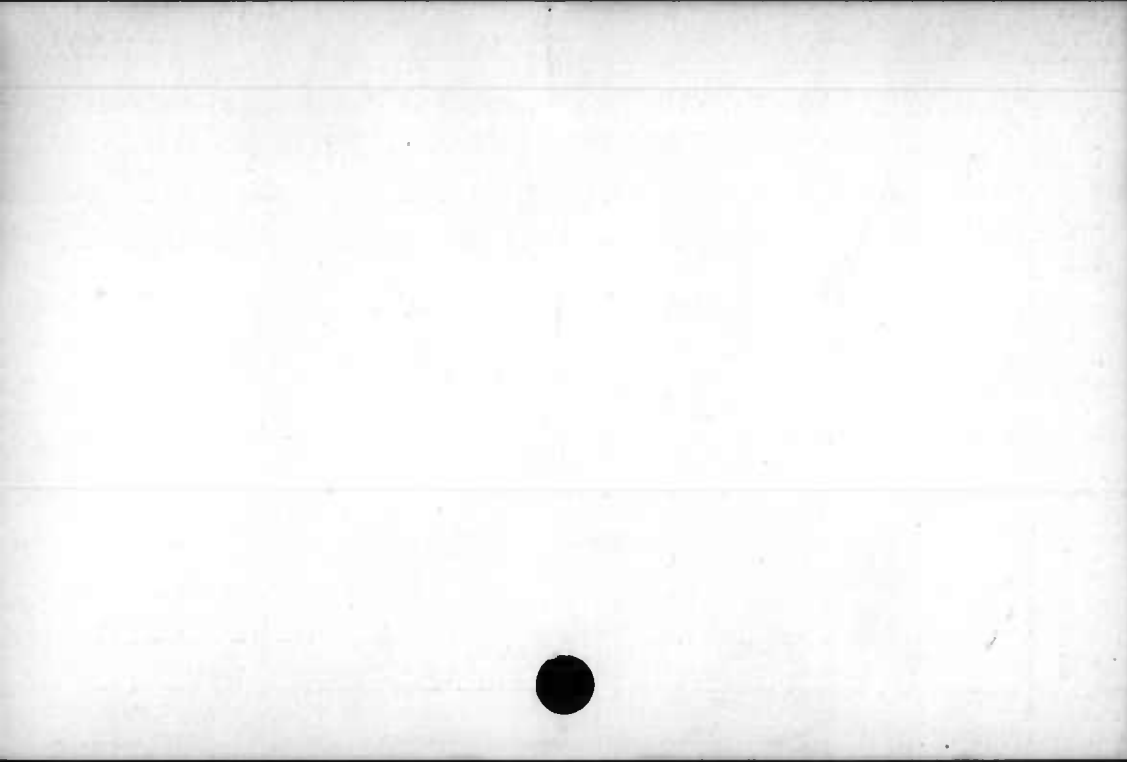
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Piney Plains</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>11</i>	Age <i>79</i>	Months —	Days —
Sex <i>Female</i>	Color or Race <i>White</i>		Birth- place —		
Married, Single or Widowed <i>Widowed</i>			Occupation		
Name of Wife or Husband <i>J. D. McCune</i>					
Father's Name —			Father's Birthplace —		
Mother's Maiden Name —			Mother's Birthplace —		
Name of person giving In formation				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Old age</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. M. Shear</i>	
	Address <i>14-O.</i>	
	<i>Westland Md</i>	
Accident or Suicide?		



Name
in
Full

Michael W. Gougle

CERTIFICATE OF DEATH

Town

County

Died at *Cumt*

MARYLAND

Date

of death 1903

Month

Nov

Day

14

Age

Years

59

Months

Days

Sex

*male*Color or
Race*white*Birth-
place*N. Va*

Occupation

*miner*Where Residing if not
at place of deathMarried, Single
or Widowed*married*Name of Wife or
HusbandFather's
Name*14*Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formation*Mrs Gordon*How related
to deceased*Sister*

CAUSES OF DEATH

Primary

Dysentery

How long

3 or 4 weeks

Immediate

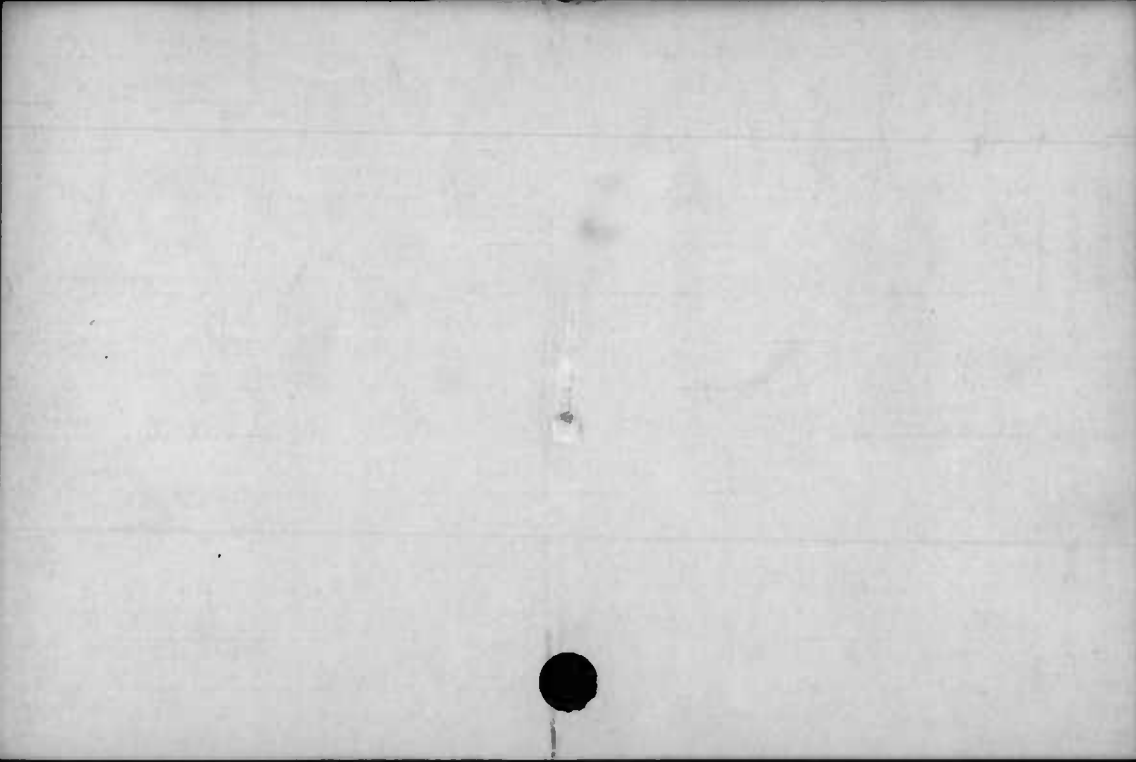
Cholera

How long

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*W. J. T. T. T.*

Address

Cumt, Md.~~Accident or Suicide~~TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Archibald McMillan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Frostburg</u> ^{Town}		<u>Allegheny</u> ^{County}		MARYLAND	
Date of death 190 <u>3</u>	Month <u>11</u>	Day <u>3</u>	Age <u>48</u>	Years <u>11</u>	Months <u>19</u>
Sex <u>male</u>		Color or Race <u>caucasian</u>		Birth-place <u>Allegheny Co., Md.</u>	
Married, Single or Widowed <u>married</u>		Occupation <u>Miner</u>			
Name of Wife or Husband <u>Elizabeth Thomas</u>					
Father's Name <u>Wm. G. McMillan</u>			Father's Birthplace <u>Scotland</u>		
Mother's Maiden Name <u>Elizabeth Hutchinson</u>			Mother's Birthplace <u>Scotland</u>		
Name of person giving information <u>John Kemp</u>			How related to deceased <u>brother in law</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La-Grippe</u>	How long <u>2 weeks</u>
Immediate <u>Cardiac exhaustion</u>	How long <u>4 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>J. C. Clobey</u>
	Address <u>Frostburg, Md.</u>
Accident or Suicide? <u>No</u>	

G & M

Alleghany Cemetery

Name

in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Catherine McNally

Died ^{Town} near Westport^{County} Allegany

MARYLAND

Date

of death 1903

Month

Nov

Day

17

Age

Years

1

Months

8

Days

18

Sex

Female

Color or
Race

White

Birth-
place

near Westport Md

~~Married~~ Single
or ~~Married~~

Occupation

child

Name of Wife or
HusbandFather's
Name

Wm McNally

Father's
Birthplace

Scotland

Mother's
Maiden Name

Catherine McNally

Mother's
Birthplace

Sanacoring Md

Name of person giving
InformationHow related
to deceased

CAUSES OF DEATH

Primary

Catarrhal fever

How long

Immediate

Cerebral meningitis

How long

Five or six days

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

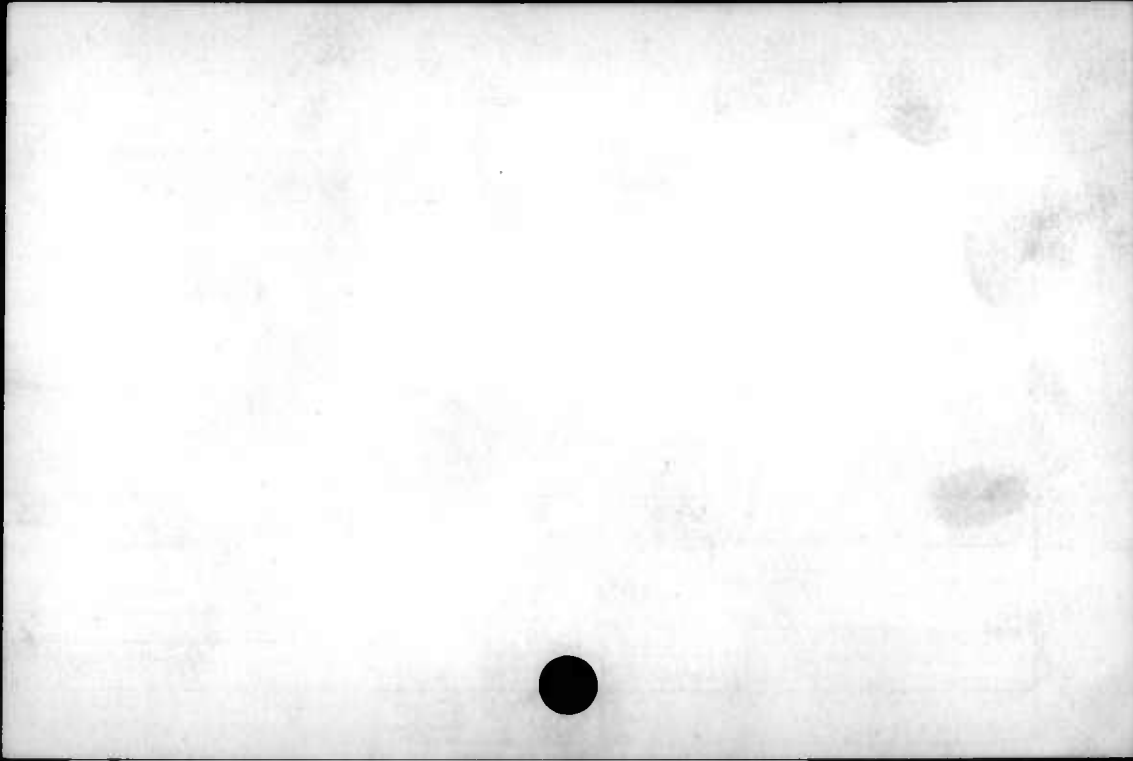
J H Parsons

Piedmont Wth

Accident or Suicide?

No

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

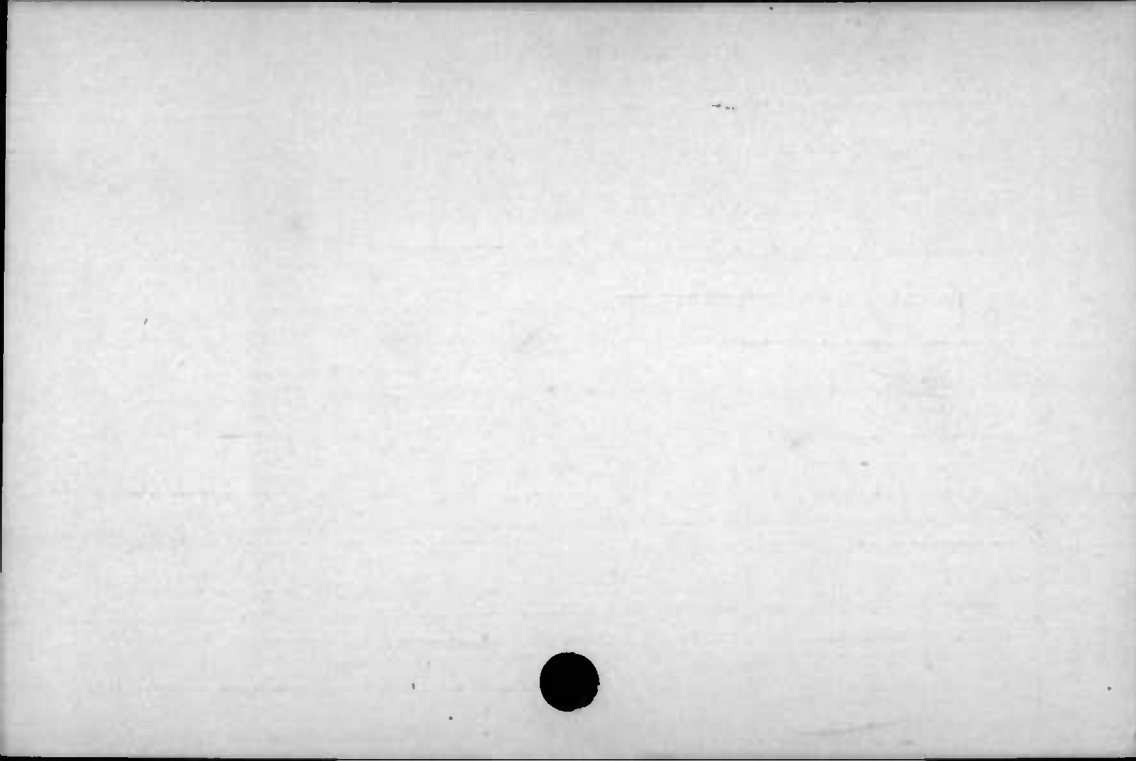
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>James J. McGuire</i>		Town <i>Baltimore</i>		County <i>Allegany</i>		MARYLAND	
Died at <i>Baltimore</i>		Month <i>11</i>		Day <i>9</i>		Age <i>57</i>	
Date of death <i>1903</i>		Month <i>11</i>		Day <i>9</i>		Years <i>57</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Balto Md.</i>			
Occupation <i>Laborer</i>				Where Residing if not at place of death			
Married, Single <i>Single</i>				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Mother's Maiden Name				Mother's Birthplace			
Name of person giving information <i>Son J. J. McGuire</i>				How related to deceased <i>Son</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Diabetes</i>		How long <i>8 months</i>	
Immediate <i>Exhaustion</i>		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. N. Fortman</i>	
		Address	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Joseph Martin
Grahamtown Allegheny

MARYLAND

Date

of death 190

3 Nov

Day

5-

Age

Years

55

Months

Days

Sex

Male

Color or
Race

White

Birth-
place

Grahamtown

Married, Single
or Widowed

Single

Occupation

Miner

Name of Wife or
Husband

Father's
Name

Isaac Martin

Father's
Birthplace

Maryland

Mother's
Maiden Name

Catharine Arthur

Mother's
Birthplace

Name of person giving
Information

Mrs. Arthur

How related
to deceased

Brother

CAUSES OF DEATH

Primary

Injured in mine

How long

5-days

Immediate

Shock + traumatic pneumonia

How long

16 hrs

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

October
Brooklyn

Accident or Suicide?

Yes

G & M

Allegany Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name <i>Margrete Miller</i>				County <i>Allegheny</i>		TOWN <i>Cumberland</i>		MARYLAND	
Died at		Date of death 1903		Month <i>Nov</i>		Day <i>20</i>		Age <i>65</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Cumberland</i>		Months <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>widow</i>		Occupation		Name of Wife or Husband <i>Lewis Miller</i>		Father's Name		Father's Birthplace	
Mother's Maiden Name		Name of person giving information <i>A L Miller</i>		How related to deceased <i>son</i>		Mother's Birthplace			

CAUSES OF DEATH

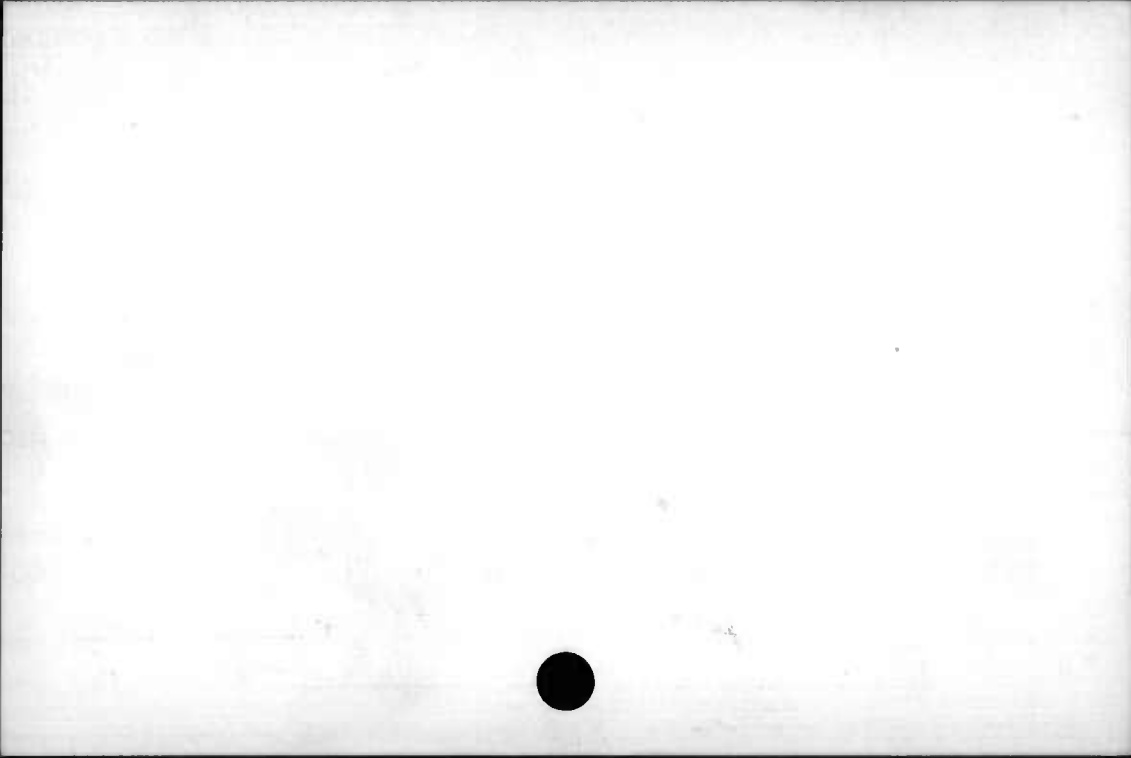
PHYSICIAN
OR CORONER

Primary <i>Hydrothorax</i>		How long <i>14 weeks</i>	
Immediate <i>Exhaustion</i>		How long <i>1 week</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>J. H. [illegible]</i>	
		Address <i>Cumberland & Maryland</i>	
Accident or Suicide?			

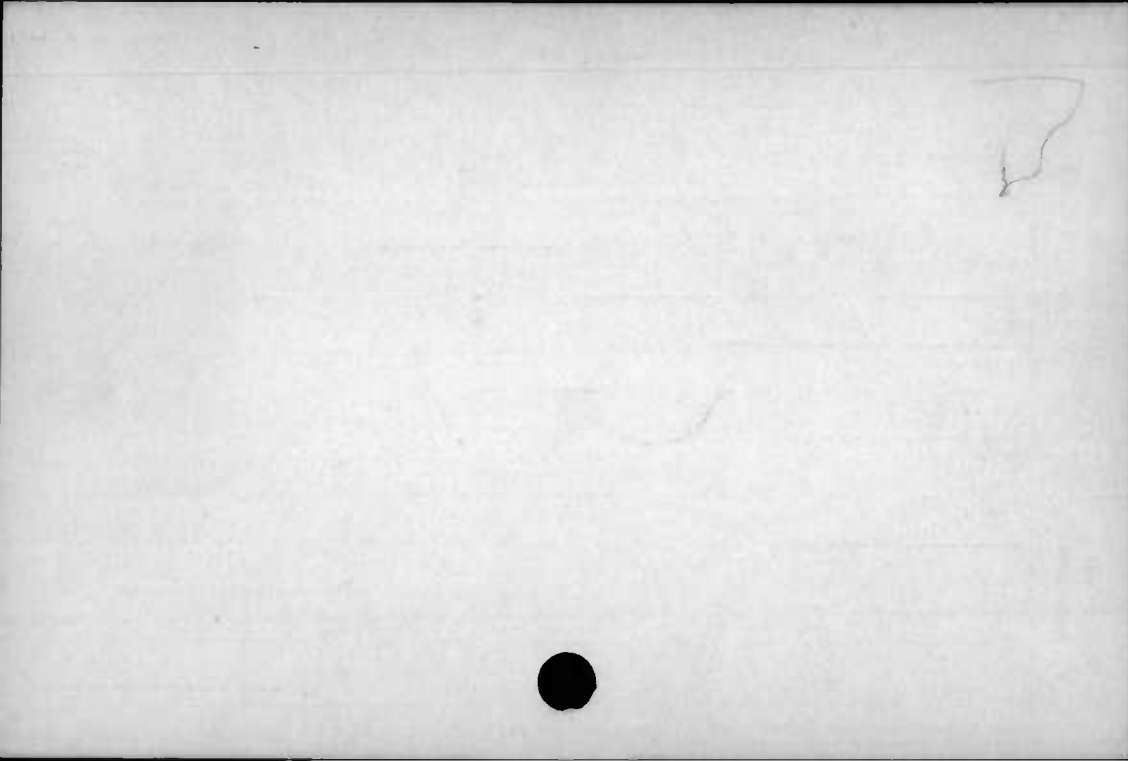


0170113

Name in Full Thomas Miller		CERTIFICATE OF DEATH	
Town Lanham		County Allegheny	
Died at Lanham		MARYLAND	
Date of death 190 2	Month Apr	Day 11	Age 11
Sex Male	Color or Race White	Birth-place Lanham	Months 11
Married, Single or Widowed Single	Occupation None		
Name of Wife or Husband William P. Miller		Father's Birthplace Lanham	
Father's Name William P. Miller		Mother's Birthplace Island	
Mother's Maiden Name Margaret Gillespie		How related to deceased Father	
Name of person giving information John P. Miller			
CAUSES OF DEATH			
Primary Whooping Cough	How long 3 months		
Immediate Meningitis	How long 10 days		
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician R. D. Kelling		
	Address Lanham		
Accident or Suicide? No			



Name in Full		Catherine Louise Ross Mullen				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND							
		Died at		Baltimore		Allegany							
		Date of death	1903	Month	Nov	Day	5	Years	25	Months	—	Days	—
		Sex	Female		Color or Race	White		Birth-place	Orleans Md				
		Occupation	House w			Where Residing if not at place of death			Mechanic St				
		Married, Single or Widowed	married		Name of Wife or Husband	Albert Ross Mullen							
		Father's Name	Sneitzer					Father's Birthplace	Orleans Md				
Mother's Maiden Name						Mother's Birthplace							
Name of person giving information	Albert Ross Mullen					How related to deceased	Husband						
CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary				Typhoid Fever		How long	4 weeks				
		Immediate				Hemorrhage		How long	1 week				
		Are the name, age, sex, color, date and place correctly given above?				yes		Signature of Physician					
								Address					
Accident or Suicide?													



Name
in
Full

CERTIFICATE OF DEATH

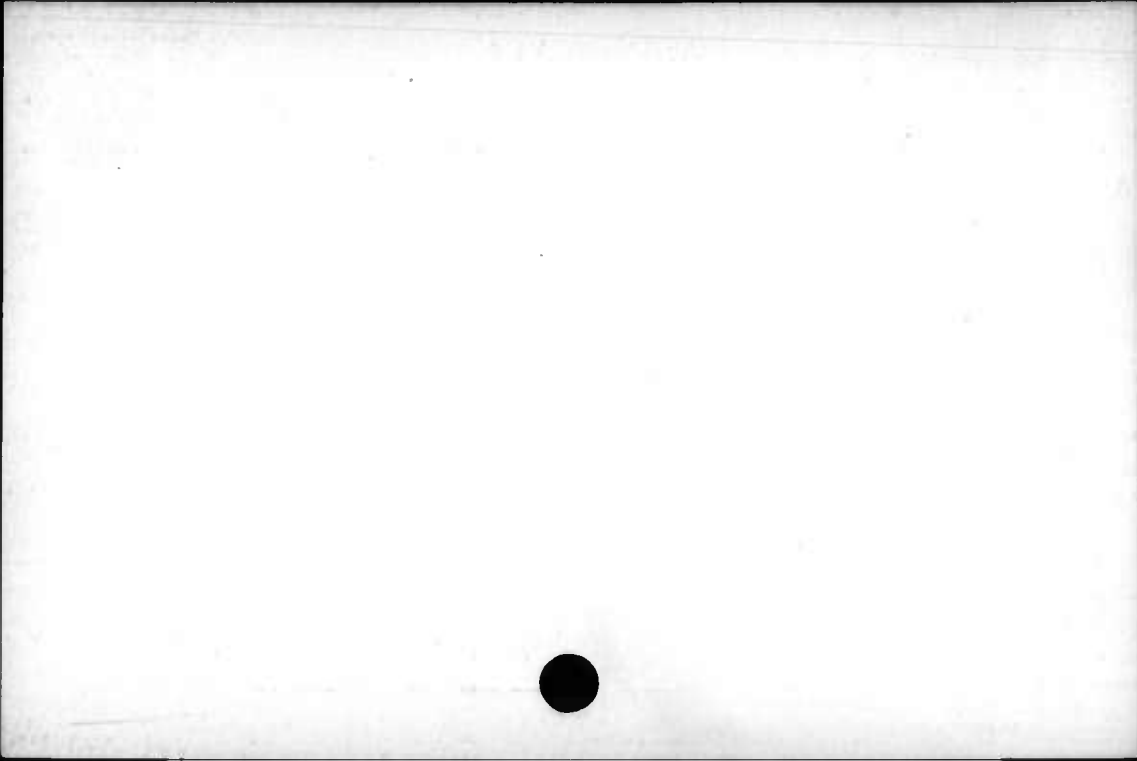
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Tonawonga</u> Town		<u>Allegheny</u> County		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Nov.</u>	Day <u>26</u>	Age <u>2</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Tonawonga N.Y.</u>		Days <u>1</u>	
Married, Single or Widowed <u>Single</u>		Occupation			
Name of Wife or Husband					
Father's Name <u>Samuel Nash</u>		Father's Birthplace <u>Midland N.Y.</u>			
Mother's Maiden Name <u>Sarah Mills</u>		Mother's Birthplace <u>" "</u>			
Name of person giving information <u>Samuel Nash</u>		How related to deceased <u>Father</u>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <u>La Grippe</u>	How long <u>22 days</u>
Immediate <u>Spinal Meningitis</u>	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>M. Gibson Porter</u>
	Address <u>Tonawonga N.Y.</u>
Accident or Suicide? <u>.</u>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *George Keff* Town *Cumberland* County *Weyan* MARYLAND

Died at *Cumberland*

Date of death *1903* Month *11* Day *21* Age *66* Months *10* Days *21*

Sex *Male* Color or Race *White* Birth-place *Va*

Occupation *Machinist* Where Residing if not at place of death *_____*

Married, Single or Widowed *Married* Name of Wife or Husband *Sallie Bierford*

Father's Name *G. Keff* Father's Birthplace *Va*

Mother's Maiden Name *Sarah Heath* Mother's Birthplace *Va*

Name of person giving Information *Sallie Keff* How related to deceased *Wife*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Bright's Disease* How long *5 mo*

Immediate *Exhaustion* How long *21 days*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of
Physician

Address



H. H. Trigg
Cumulated and
MD

Accident or Suicide?



Name
in
Full

Henry Hoffman - Albany,

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brooklyn</i>		County <i>Albany</i>		MARYLAND	
Date of death 1903	Month <i>Nov.</i>	Day <i>24</i>	Age <i>73</i>	Months	Days
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Germany</i>			
Married, Single or Widowed <i>married.</i>		Occupation <i>miner.</i>			
Name of Wife or Husband <i>Catherine Hoffman</i>					
Father's Name <i>—</i>		Father's Birthplace <i>Germany</i>			
Mother's Maiden Name <i>—</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>Wm Hoffman</i>		How related to deceased <i>Son.</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Urinary Retention</i>	How long <i>four years</i>
Immediate <i>Dropsy & Senility</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Jas Price</i>
	Address <i>Brooklyn, Ind.</i>
Accident or Suicide?	

German Lutheran Cemetery -

G. Mayer

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

infant Benjamin Oquann

Town

County

MARYLAND

Died at

Camden

Alle

Date

Month

Day

Years

Months

Days

of death 1903

Nov

18

Age

1

Sex

Male

Color or
Race

white

Birth-
place

Camden

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

Benjamin Oquann

Father's
BirthplaceMother's
Maiden Name

Rebecca Williams

Mother's
BirthplaceName of person giving
InformationHow related
to deceased

Father

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Temperance

Accident or Suicide?



Name
in
Full

Richard Peck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Brunswick</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 1903	Month <i>Nov</i>	Day <i>23rd</i>	Age <i>19</i> Years	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>—</i>		
Married, Single or Widowed <i>Single</i>			Occupation <i>—</i>		
Name of Wife or Husband					
Father's Name <i>Isaac Peck</i>			Father's Birthplace		
Mother's Maiden Name <i>Josephine</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

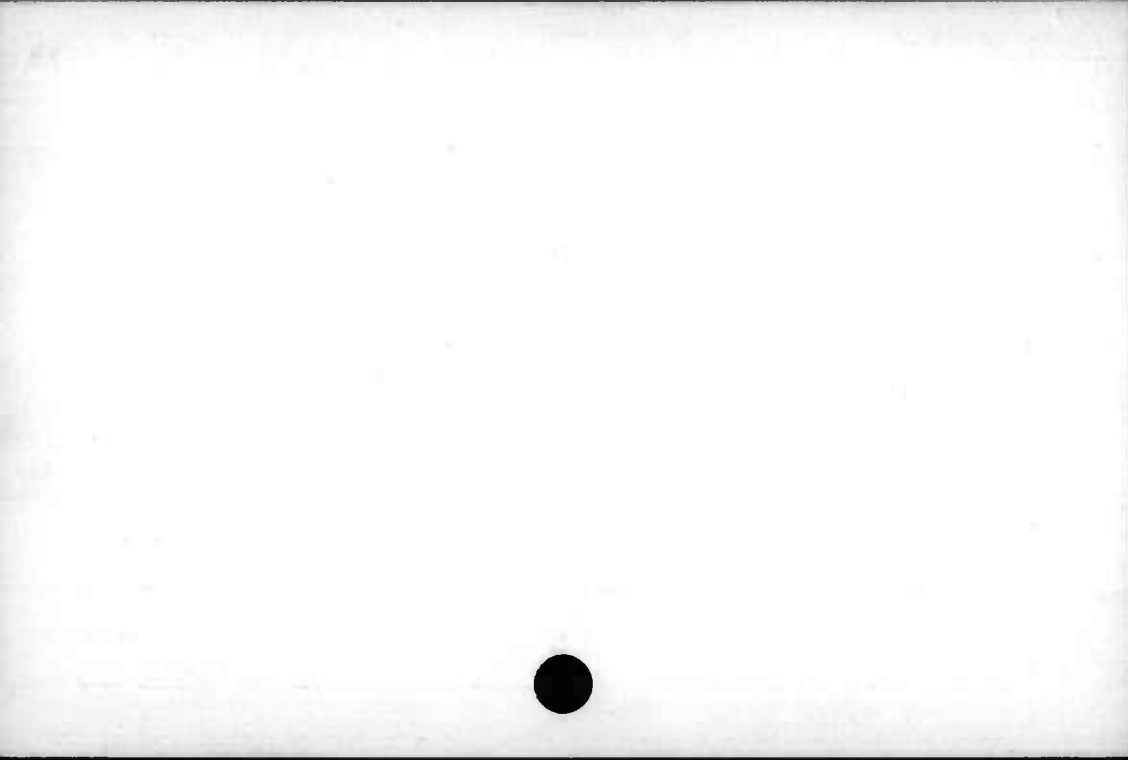
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Typhoid Fever</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. B. McDonald</i>
	Address <i>Brunswick</i>
Accident or Suicide?	<i>None</i>



Name in Full		Richey				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Missouri		County Alligany		MARYLAND
	Date of death 1903		Month Nov	Day 2	Age Years	Months	
	Sex Male		Color or Race white		Birth- place Missouri		
	Married, Single or Widowed				Occupation		
	Name of Wife or Husband						
	Father's Name Guy Richey				Father's Birthplace G. Blair Co Pa		
	Mother's Maiden Name Fannie Myers				Mother's Birthplace Alligany		
Name of person giving In formation Fannie Richey				How related to deceased Mother			
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Still Birth				How long		
	Immediate				How long		
	Are the name, age, sex, color, date and place correctly given above?				Signature of Physician J. A. Boncher		
					Address Barton Md		
	Accident or Suicide?						



Name
in
Full

CERTIFICATE OF DEATH

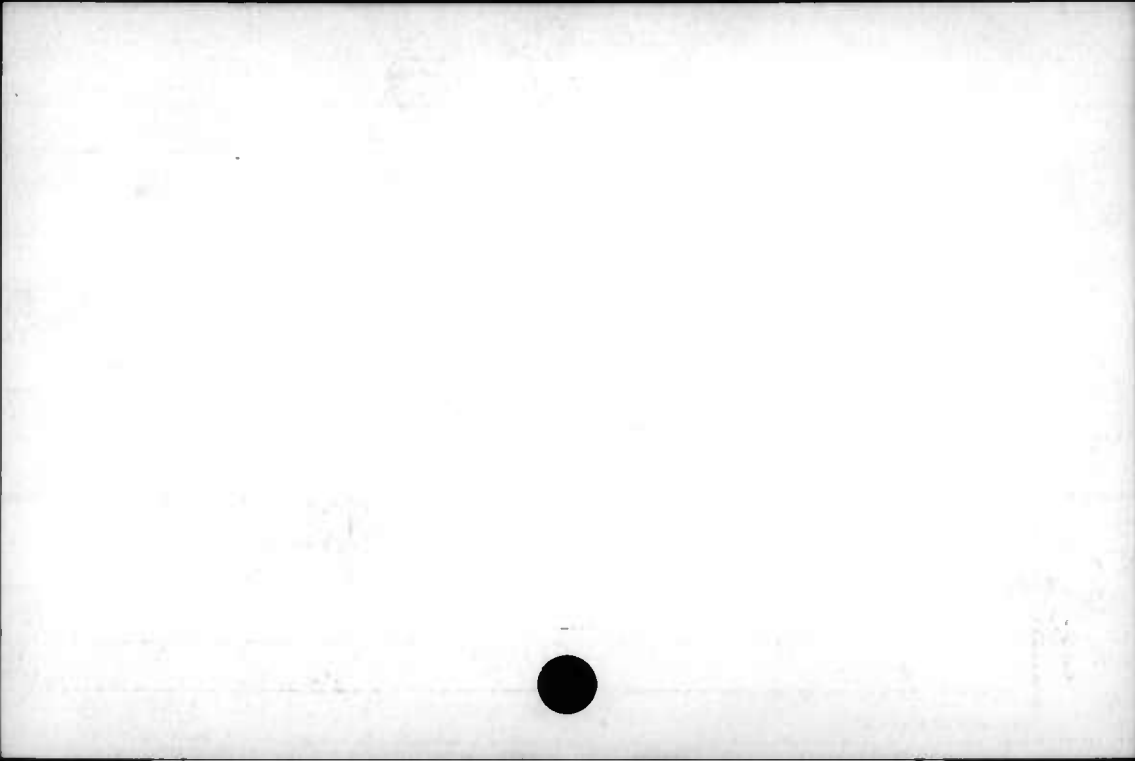
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Charmersland</i> ^{Town}		<i>Allegheny</i> ^{County}		MARYLAND	
Date of death 190 <i>3</i>	Month <i>June</i>	Day <i>6</i>	Age <i>22</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place		
Married, Single or Widowed <i>Married</i>			Occupation <i>House wife</i>		
Name of Wife or Husband <i>Hugh Roberts</i>					
Father's Name				27 Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>about one year</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. J. J.</i>
	Address <i>Charmersland</i>
	<i>Maryland</i>
Accident or Suicide? <i>-</i>	



Name

in
fullTO BE ANSWERED BY
NEAREST FRIEND

CERTIFICATE OF DEATH

MARYLAND

Died at *Cambridge*

Town

Accr

County

Date of death *1903*

Month

Nov

Day

3

Age

Years

-

Months

-

Days

*-*Sex *Female*Color or
Race*White*Birth-
place*Cambridge*

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
Husband*S.*Father's
Name*Albert J. Rootenhamer*Father's
BirthplaceMother's
Maiden Name*Laura V. Looz*Mother's
BirthplaceName of person giving
InformationHow related
to deceased*Father.*

CAUSES OF DEATH

Primary

Dead when born

How long

-

Immediate

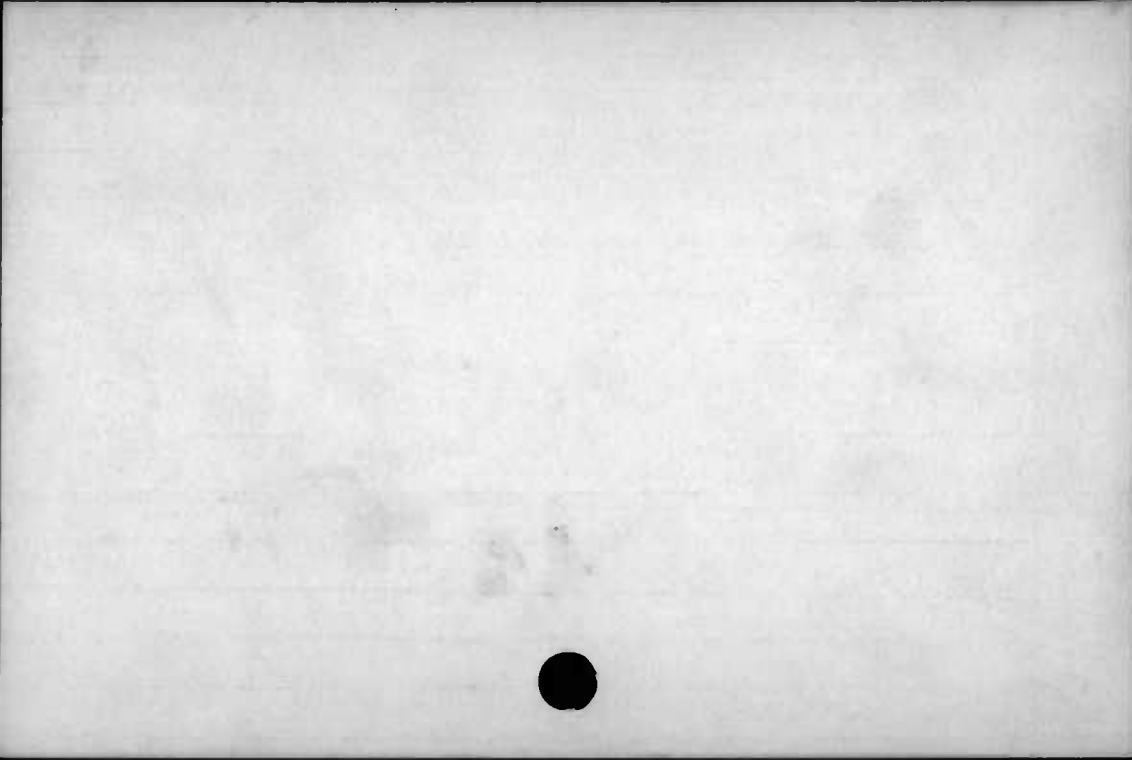
How long

*-*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*J. L. Carder*

Address

Carder

Accident or Suicide?



Name
in
Full

Nellie Shipfler

CERTIFICATE OF DEATH

Town

Cumberland

County

Allegheny

MARYLAND

Died at

Date

1903

Month

Nov

Day

12

Years

Age

28

Months

-

Days

-

Sex

Female

Color or
Race

White

Birth-
place

W. Va

Occupation

wife

Where Residing if not
at place of deathMarried, Single
or Widowed

married

Name of wife or
Husband

Kirby Shipfler

Father's
Name

Hampton Chesshire

Father's
Birthplace

W. Va

Mother's
Maiden Name

Sadie

Mother's
Birthplace

" "

Name of person giving
In formation

Hampton Chesshire

How related
to deceased

Father

TO BE ANSWERED BY
NEAREST FRIEND

CAUSES OF DEATH

Primary

Childbirth

How long

9 hrs

Immediate

Internal hemorrhage

How long

4 hrs

Are the name, age, sex, color, date -
and place correctly given above?

yes

Signature of
Physician

E. B. Laybrook M.D.

Address

Cumberland M.D.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

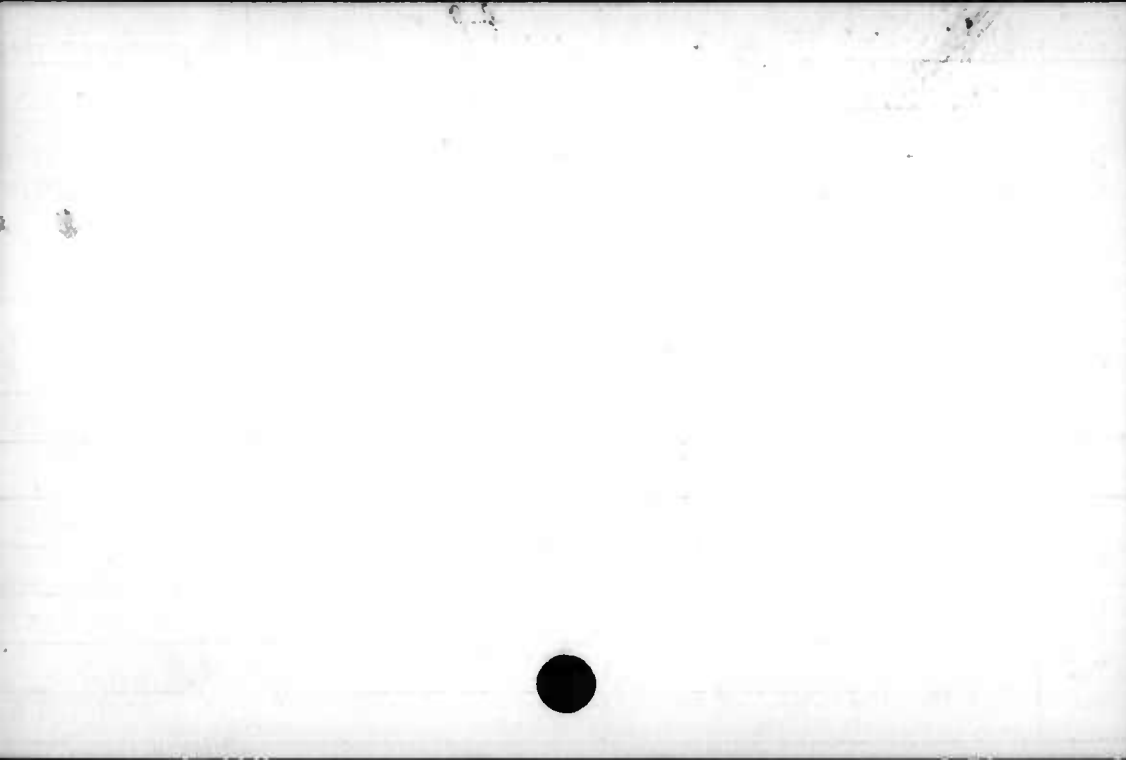
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sumner</i> ^{Town}		<i>Allegany</i> ^{County}		MARYLAND	
Date of death	1903	Month	Nov.	Day	20
Age		Years	22	Months	—
Sex	Female	Color or Race	Black	Birth-place	Ind
Occupation			Where Residing if not at place of death		
<i>Housewife</i>			—		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name		27		Father's Birthplace	
Mother's Maiden Name				Mother's Birthplace	
Name of person giving Information				How related to deceased	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	6 mos
Immediate	<i>Chancrosis</i>	How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		<i>Thos. A. Goss</i>	
		Address	
		<i>Sumner Ind</i>	
Accident or Suicide?			



Name
in
Full

Edward D. Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Frostburg</i> <small>Town</small>		<i>Allegany</i> <small>County</small>			
Date of death 190 <i>3</i>	Month <i>11</i>	Day <i>22</i>	Age <i>80</i> <small>Years</small>	Months <i>8</i>	Days <i>6</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birth-place <i>Allegany Co., Md.</i>			
Married, Single or Widowed <i>Widowed</i>	Occupation <i>Farmer.</i>				
Name of Wife or Husband <i>Maria M. Riley</i>					
Father's Name <i>Joshua Smith</i>			Father's Birthplace <i>Allegany Co.</i>		
Mother's Maiden Name <i>unknown - 93</i>			Mother's Birthplace		
Name of person giving information <i>John A. Smith</i>			How related to deceased <i>son.</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Pneumonia</i>	How long <i>2 days</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. A. Coberly</i>
	Address <i>Frostburg</i>
Accident or Suicide?	

Allegany Cemetery

J. T. M.

Name
in
Full

Edward Somerville

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Town County

Died at Barton Allegheny

State MARYLAND

Date of death 1903 Month Nov Day 28 Age 2 Years 4 Months 15 Days

Sex male Color or Race white Birth-place Allegheny Co

Married, Single or Widowed L Occupation L

Name of Wife or Husband L

Father's Name Frank Somerville Jr. Father's Birthplace Allegheny Co.

Mother's Name Hester Loughan Mother's Birthplace Allegheny Co

Name of person giving information Hester Loughan How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Croup How long 12 hours

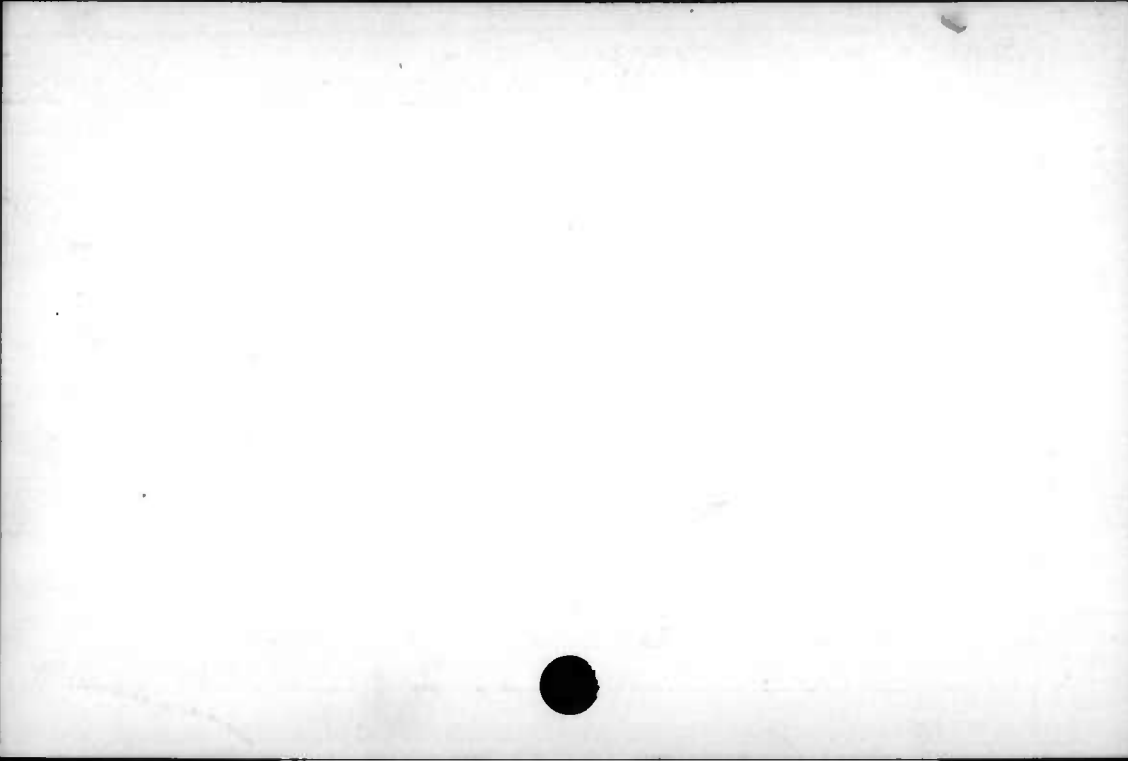
Immediate

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician A. B. Smith

Address Barton Md

Accident or Suicide?



Name
in
Full

Genevieve Marie Thummel

CERTIFICATE OF DEATH

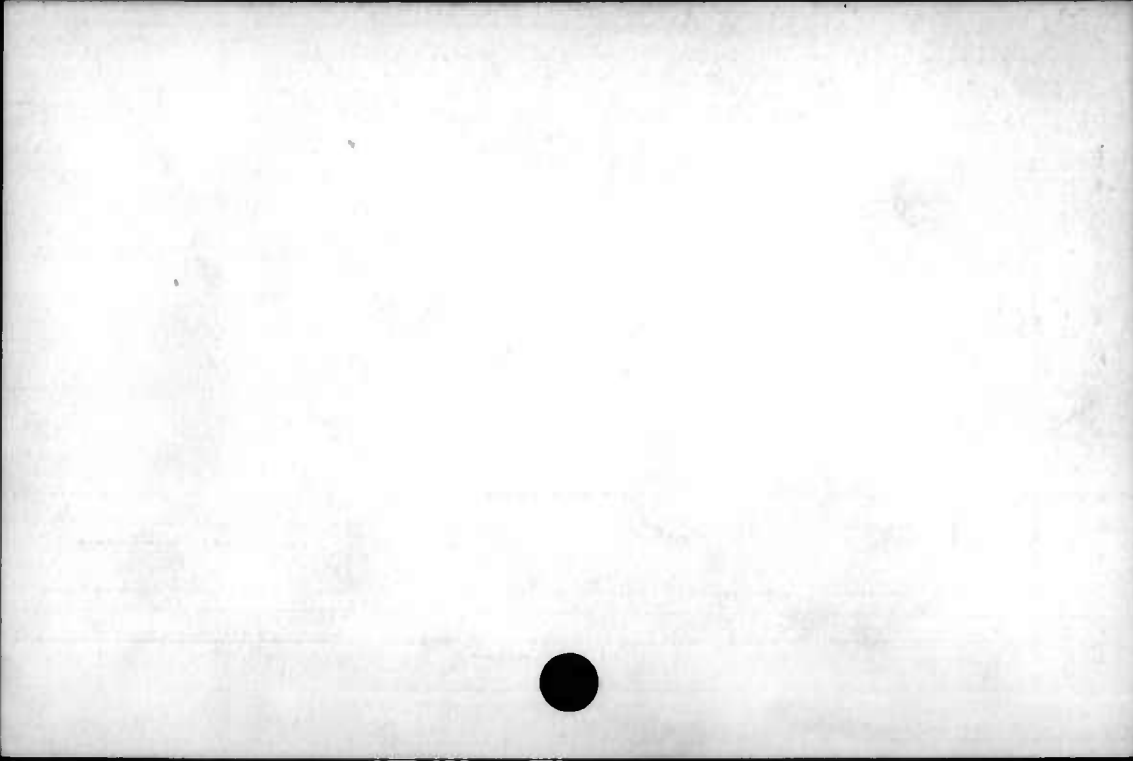
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Cumberland		County		MARYLAND	
Date of death 1903	Month Nov	Day 30	Age	Years	Months 1 1/2	Days	
Sex Female	Color or Race White		Birth- place Cumberland Md				
Married, Single or Widowed			Occupation				
Name of Wife or Husband							
Father's Name Chas H Thummel				Father's Birthplace Va			
Mother's Maiden Name Alma May Shepler				Mother's Birthplace Va			
Name of person giving In formation Mother				How related to deceased Mother			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Pneumonia	How long	1 week
Immediate	Exhaustion	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician Geo L Broadus	
		Address Cumberland Md	
Accident or Suicide?		No	
		D Va m. Md.	



Name
in
Full

Brawson L. Lusing

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Barton</u> Town		County <u>Alleghany</u>		MARYLAND	
Date of death 190 <u>3</u>	Month <u>Mar</u>	Day <u>26</u>	Age <u>2</u> Years	Months <u>2</u>	Days <u>14</u>
Sex <u>Male</u>	Color or Race <u>White</u>		Birth-place <u>Alleghany Co</u>		
Married, Single or Widowed <u>L</u>			Occupation <u>L</u>		
Name of Wife or Husband <u>L</u>					
Father's Name <u>James H. Lusing</u>			Father's Birthplace <u>Hardy Co W. Va</u>		
Mother's Maiden Name <u>Florence Miller</u>			Mother's Birthplace <u>Hardy Co W. Va</u>		
Name of person giving information <u>Mrs L. Lusing</u>			How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Enlarged glands of throat (Probably Tubercular)</u>	How long	<u>about 1 year</u>
Immediate	<u>Exhaustion</u>	How long	<u>4 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician	<u>A. Brucher</u>
		Address	<u>Barton, Ind</u>
Accident or Suicide?			



Name
in
Full

Marshall Twigg

CERTIFICATE OF DEATH

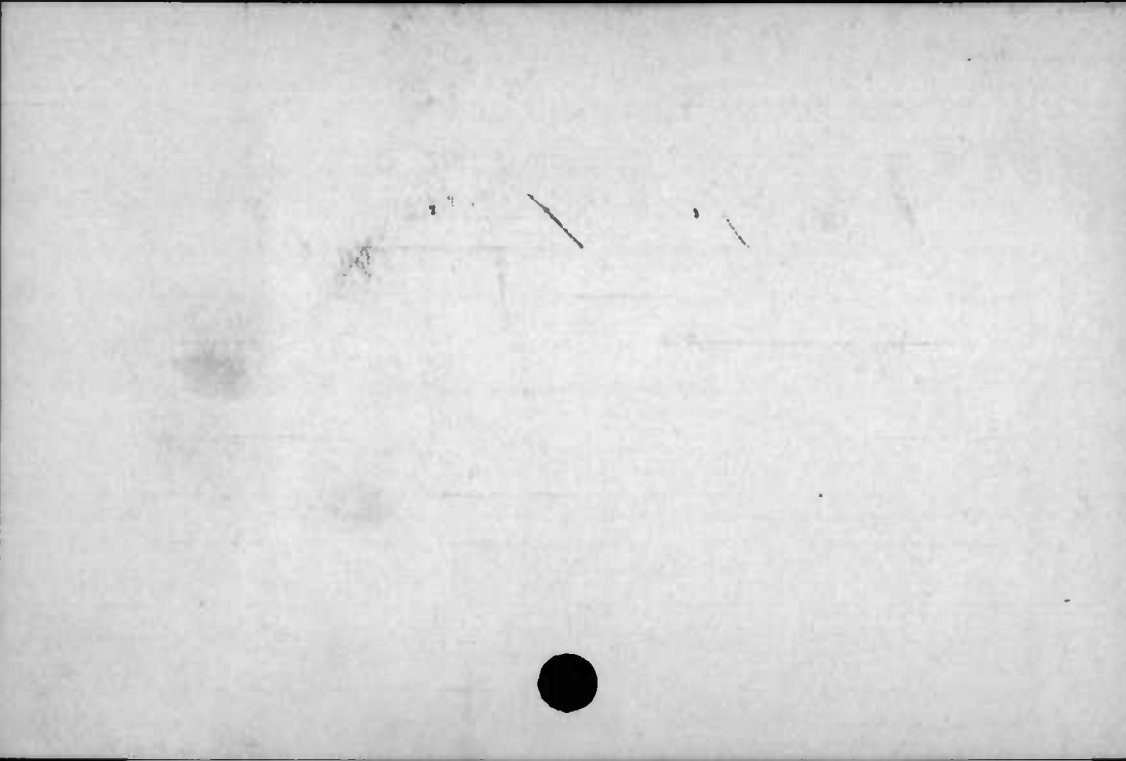
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1903		11	24	25			
Sex	Color or Race	Birthplace					
Male	White	Oldtown					
Occupation	Where Residing if not at place of death						
Hostler		Humboldt St					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		166.					
Mother's Maiden Name		Father's Birthplace					
Name of person giving information		Mother's Birthplace					
		How related to deceased					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Crushed to death		How long	
Immediate	W 7 Convuls		How long	Concussion
Are the name, age, sex, color, date and place correctly given above?		Yes.	Signature of Physician	
			Address	
Accident or Suicide?				



Name
in
Full

Samuel N. Vaughan

CERTIFICATE OF DEATH

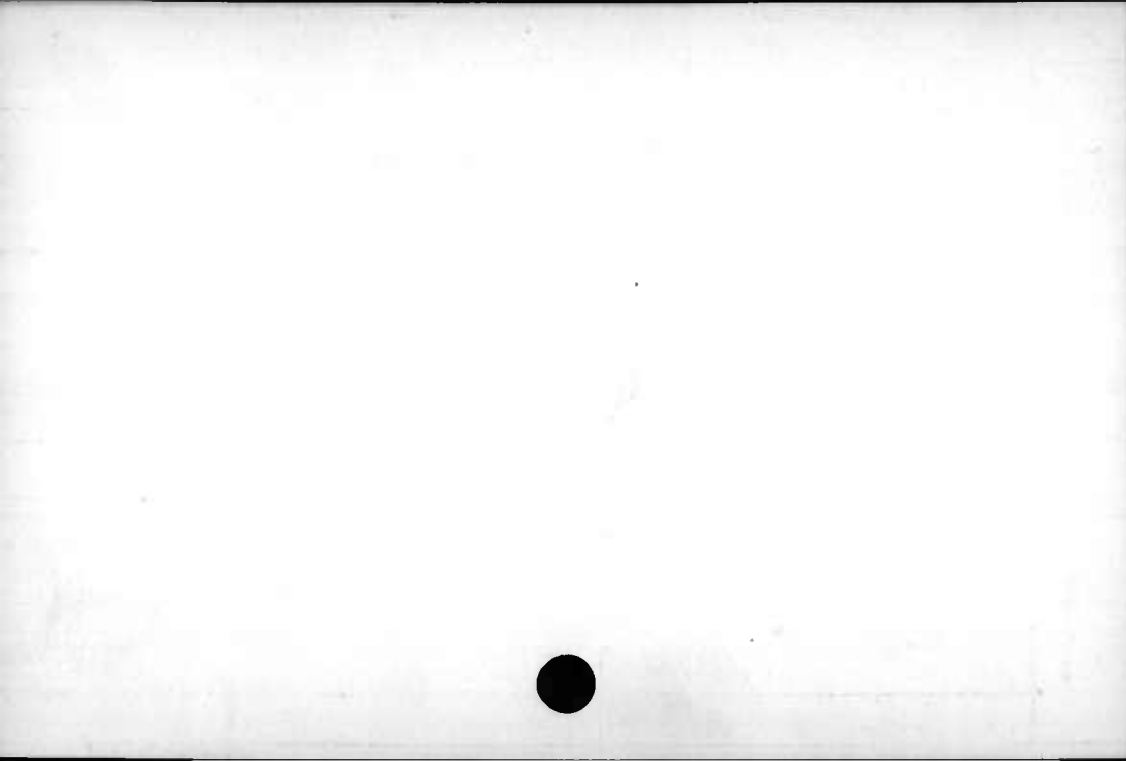
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Pekin</i> Town		<i>Allegheny</i> County		MARYLAND	
Date of death 190 <i>8</i>	Month <i>Nov</i>	Day <i>6</i>	Age Years <i>63</i>	Months <i>9</i>	Days <i>24</i>
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Wales</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Saloon Keeper</i>			
Name of Wife or Husband <i>Mary Weeks</i>					
Father's Name <i>Samuel Vaughan</i>			Father's Birthplace <i>Wales</i>		
Mother's Maiden Name <i>Ann Pritchard</i>			Mother's Birthplace <i>Wales</i>		
Name of person giving information <i>Mrs Mary Vaughan</i>			How related to deceased <i>Wife</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>La grippe - Pneumonia -</i>	How long <i>8 days</i>
Immediate <i>Heart failure</i>	How long <i>immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>James O. Bullock M.D.</i>
	Address <i>Smearing Maryland</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Camden</i>		County <i>Calverton</i>		MARYLAND	
Date of death 190 <i>3</i>		Month <i>Nov</i>	Day <i>13</i>	Age <i>-</i>	Years <i>-</i>	Months <i>-</i>	Days <i>1</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth- place <i>MD</i>			
Married, Single or Widowed <i>Single</i>		Occupation <i>chess</i>					
Name of Wife or Husband <i>-</i>							
Father's Name <i>Nicholas Helmer</i>				Father's Birthplace <i>G. Germany</i>			
Mother's Maiden Name <i>Lucy Hoff</i>				Mother's Birthplace <i>Germany</i>			
Name of person giving In formation <i>Stephen Helmer</i>				How related to deceased <i>Father</i>			

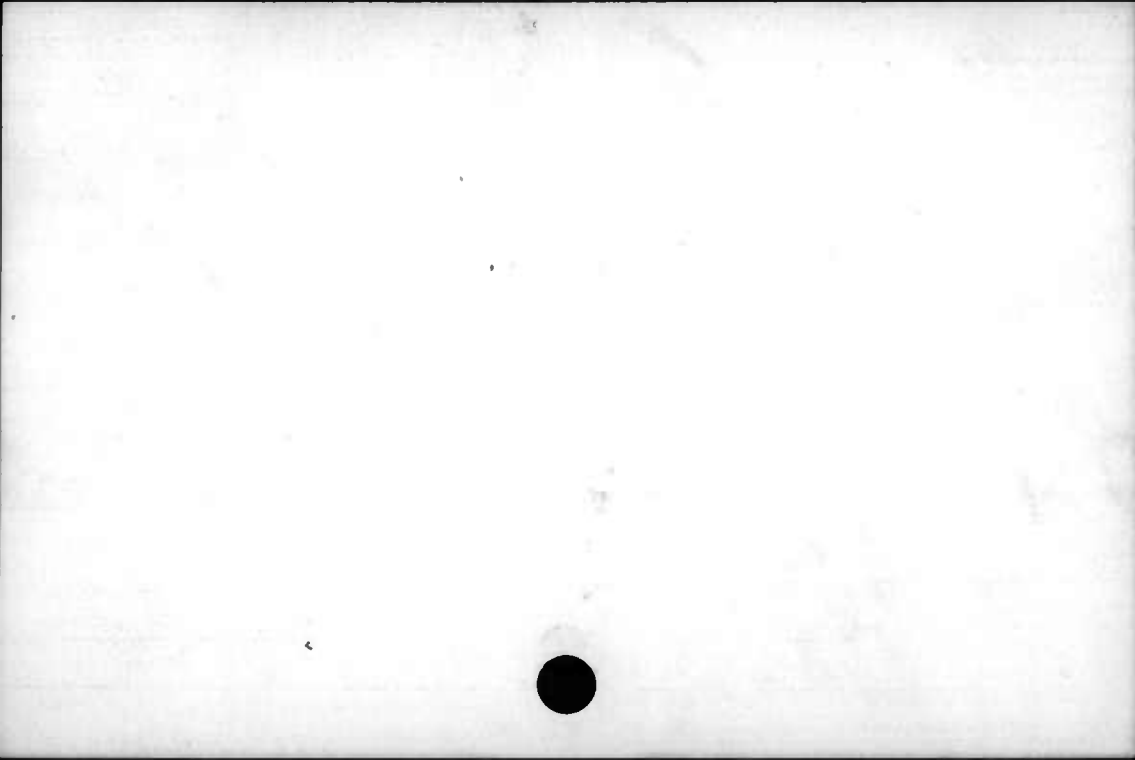
CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Still Born</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Jones Wilson</i>
	Address <i>Camden</i>
Accident or Suicide?	



Name in Full		William Coilsom				CERTIFICATE OF DEATH									
TO BE ANSWERED BY NEAREST FRIEND		Town		County		MARYLAND									
		Died at		Lanacoming		Alligany									
		Date of death 1903		Month		Day		Age		Years		Months		Days	
		Sex		Male		Color or Race		White		Birth place		Lanacoming			
		Married, Single or Widowed				Occupation		Teacher							
		Name of Wife or Husband													
		Father's Name		James B. Wilson		Father's Birthplace		Scotland							
Mother's Maiden Name		Mary Reed Tanch		Mother's Birthplace		Boston									
Name of person giving information		Jas B. Wilson		How related to deceased		Mother									
		CAUSES OF DEATH													
PHYSICIAN OR CORONER		Primary		Pneumonia with (7 mos)		How long									
		Immediate		In anition		How long		4 days							
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		N. B. Killip							
						Address		Lanacoming							
		Accident or Suicide?													



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at		Town <i>Frostburg</i>		County <i>Allegany</i>			
Date of death 190	3	Month <i>Nov</i>	23	Day	Age	82	Years
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth- place	<i>Germany</i>
Married, Single or Widowed	<i>Widower</i>		Occupation	<i>Iron Smith</i>			
Name of Wife or Husband	<i>Aster Fair</i>						
Father's Name	<i>George H. Fair</i>				Father's Birthplace	<i>Germany</i>	
Mother's Maiden Name	<i>—</i>				Mother's Birthplace	<i>Germany</i>	
Name of person giving In formation	<i>George Fair</i>				How related to deceased	<i>Son</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>La-Grippe</i>	How long	<i>1 week</i>
Immediate	<i>Bronchitis + Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>		
Signature of Physician	<i>J. A. Ober</i>		
Address	<i>Frostburg</i>		
Accident or Suicide?	<i>No</i>		

Poster Grave Yard

Near Edinbur

Edinbur

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Date

of death 1903

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
placeMarried, Single
or Widowed

Occupation

Name of Wife or
HusbandFather's
NameMother's
Maiden NameName of person giving
InformationFather's
BirthplaceMother's
BirthplaceHow related
to deceased

CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER

Transferred to
Great Eastern Co.

Name
in
Full

Frederick Alfred Bear

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Cumberland

County

MARYLAND

Date
of death 1903

Month

Nov

Day

16

Age

Years

1

Months

1

Days

9

Sex

Male

Color or
Race

White

Birth-
place

Camb'd Md.

Married, Single
or Widowed

—

Occupation

—

Name of Wife or
Husband

—

Father's
Name

Frederick A Bear 93

Father's
Birthplace

Md

Mother's
Maiden Name

Katie A Wanner

Mother's
Birthplace

Md

Name of person giving
In formation

Father

How related
to deceased

Father

CAUSES OF DEATH

Primary

Pneumonia

How long

1 week

Immediate

Pneumonia

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

Geo. L. Broadrup

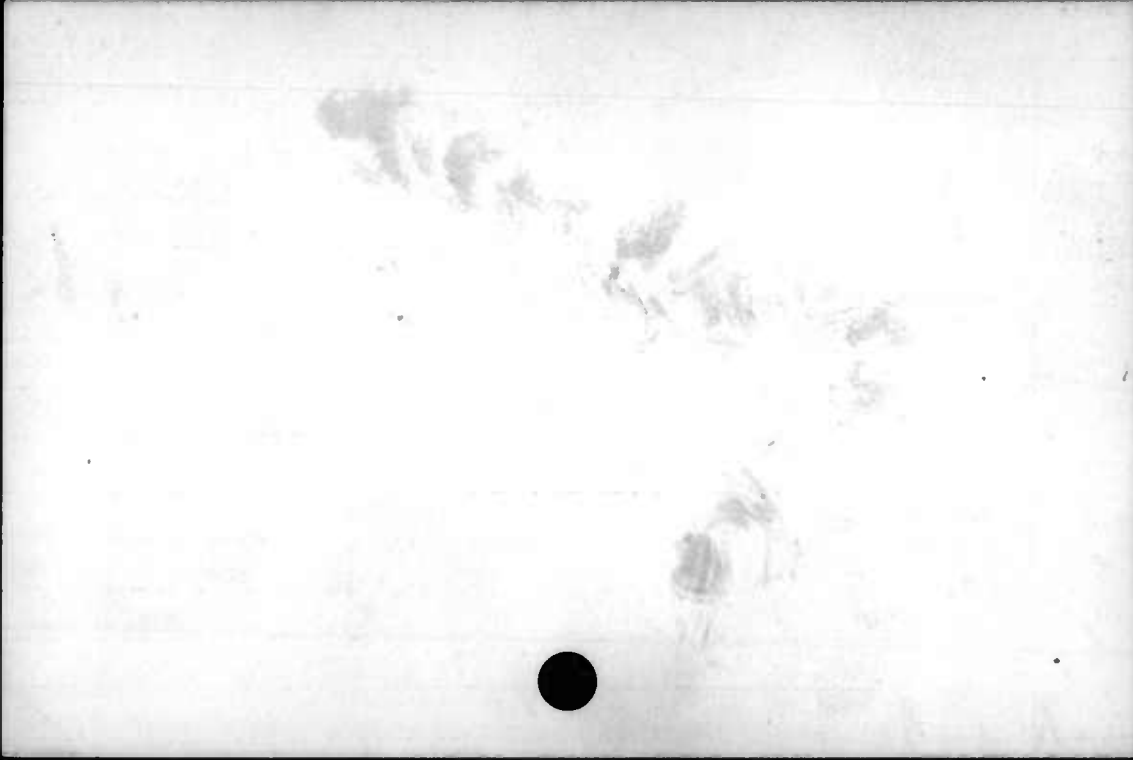
Address

Cumberland Md

PHYSICIAN
OR CORONER

Accident or Suicide?

No.



Name
in
Full

Miss James Birmingham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Int Garage</i>		Town <i>Albany</i>		County	
MARYLAND					
Date of death 1903		Month <i>Mar</i>	Day <i>3</i>	Years <i>48</i>	Months
Sex <i>Female</i>		Color or Race <i>W. Irish</i>		Birth-place <i>Albany, N.Y.</i>	
Married, Single or Widowed <i>Married</i>		Occupation <i>Housewife</i>			
Name of Wife or Husband <i>James Birmingham</i>					
Father's Name <i>Jos. Mc Mahon</i>				Father's Birthplace <i>—</i>	
Mother's Maiden Name <i>—</i>				Mother's Birthplace <i>—</i>	
Name of person giving information <i>Ella Birmingham</i>				How related to deceased <i>Daughter</i>	

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Cancer of Ovary</i>	How long	<i>6 mos</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Edw. Quarks M.D.</i>	
<i>Yes</i>		Address <i>Int Garage, Ind</i>	
Accident or Suicide? <i>Accident</i>			

